NIMH-LCM™ Self Ratings (RETROSPECTIVE)

Patient Name _____ **Years 19___ - 19___**

PLEASE PRINT

Monthly Medication Dose (if available)

- Other ( )
- Other ( )
- Other ( )
- Thyroid (T3 or T4)
- Benzodiazepine ( )
- Neuroleptic ( )
- MAOI ( )
- Antidepressant II ( )
- Antidepressant I ( )
- Depakote
- Tegretol
- Lithium

Dysphoric Mania (✓ if Yes)

Mania

- **SEVERE** — Essentially Incapacitated or Hospitalized
- **MODERATE** — Notable Difficulty with Goal-Oriented Activity
- **MILD** — More Energized & Productive With Little or No Functional Impairment

Months of Year: 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | Baseline

Depression

- **MILD** — Little or No Functional Impairment
- **MODERATE** — Functioning with Notable Difficulty
- **SEVERE** — Essentially Incapacitated or Hospitalized

TRACK COMORBID SYMPTOMS HERE _____

Number of Mood Switches Per Month

Cycling Within A Day (✓ if Yes)

19___ 19___ 19___ 19___ 19___

Impact (-4 to +4)

Life Events

(Date)