

Modified RMS Rapid Mood Screener

Six yes-or-no questions that place a depression on the bipolar spectrum, modified from the published screener for greater sensitivity, and scored as a probability rather than a pass or fail.

These ask about your **whole life**, not just how you have been lately, so answer for any period, however long ago. If you are unsure about one, mark your best guess and tell your clinician you were not certain. There are only six.

? MOOD QUESTIONS

- 1 Have there been at least **3** different periods of time (at least 2 weeks each) when you felt deeply depressed? Y ☐ N ☐
- 2 Did you have problems with depression **before the age of 25**? Y ☐ N ☐
- 3 Have you ever had to stop or change your antidepressant because it made you highly irritable or hyper? Y ☐ N ☐
- 4 Have you ever had a period of **at least 4 days** during which you were more talkative than normal with thoughts racing in your head? Y ☐ N ☐
- 5 Have you ever had a period of **at least 4 days** during which you felt unusually happy, unusually outgoing, or unusually energetic? Y ☐ N ☐
- 6 Have you ever had a period of **at least 4 days** during which you needed much less sleep than usual? Y ☐ N ☐

TOTAL "YES" ANSWERS

⚖ WHAT THE SCORE MEANS: THERE IS NO PASS OR FAIL LINE

Bipolar and unipolar depression do not sort into two clean groups, so a cutoff would draw a line that is not there.

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|------------|-----------------|---|
| 0-1 | UNLIKELY | Bipolar depression is very unlikely. Usual options, such as lifestyle change, psychotherapy, and antidepressants, are reasonable to consider. |
| 2-3 | MODERATE | Worth gathering more before choosing treatment: family history, a fuller picture of your depressions, and often the view of someone close to you. Then learn where you sit on the spectrum and decide together. |
| 4-6 | HIGH | Treatment should start from the assumption of bipolar, unless further information and a shared decision point somewhere else. |

📄 FOR THE CLINICIAN

How this differs from the published RMS

- **Q1:** 3 or more depressive episodes, not 6
- **Q2:** onset before age 25, not before 18
- **Q4-6:** 4-day hypomania, the DSM-5 duration, not 7
- **Scoring:** probabilistic bands, not the original ≥ 4 cutoff

Thresholds are taken from the Bipolarity Index and DSM-5. Positive predictive value falls and negative predictive value (the one that matters in a screen) rises. Sensitivity was only 0.68 in the RMS validation that included bipolar II.

At 2 or more, gather before treating

- A 3-generation family history of mood and anxiety problems
- Episode detail: frequency, start and stop triggers, onset after childbirth, degree of energy
- The actual experience behind every "Yes"
- Collateral from someone who knows the patient well

At 2-3, weigh mood stabilizers with antidepressant effect, such as lamotrigine, light/dark therapy, lithium, or lurasidone, against antidepressants and their withdrawal risks, then decide together.

Source. Phelps J, Schley S. *Don't use the Rapid Mood Screener without modifications for greater sensitivity.* Bipolar Disorders 2026; 28:e70084. doi:10.1111/bdi.70084. **Important:** this sheet applies the three threshold changes and the probabilistic scoring recommended in that paper. It is **not** the Rapid Mood Screener as originally published and validated, which requires 6 depressive episodes, onset before 18, 7-day hypomania, and a ≥ 4 cutoff.

Educational use only. This sheet is a screening and conversation aid, not a diagnosis, not medical advice, and reading it creates no clinician-patient relationship. No questionnaire can diagnose a psychiatric condition, and a score means nothing outside a full evaluation by a clinician who knows your history. Content may be incomplete, outdated, or incorrect and is provided "as is," without warranty. Do not start, stop, or change treatment based on this sheet. To the fullest extent permitted by law, Psychofarm, Prospect Park Psychiatry, PLLC, and its authors disclaim all liability arising from its use.

