

Clinical Monitoring Form (CMF)

*Includes Self Report Form
for Mood Episodes*

**Developed by
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Sachs GS, Guille C, and McMurrich SI. A clinical monitoring form for mood disorders. *Bipolar Disorders* 2002;4:323-327.

This Clinical Monitoring Form is adapted from the form used in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD), the largest treatment study conducted to date for bipolar disorder.



CLINICAL MONITORING FORM — INSTRUCTIONS FOR PHYSICIANS

The **Clinical Monitoring Form (CMF)**, by Gary Sachs, MD, is a tool for monitoring symptoms over time and integrating symptom information with clinical management. This clinical recordkeeping tool can be used to document symptom history and treatment progress at each visit, enhancing more cumbersome traditional progress notes.

Patient Self Report Form for Mood Episodes (Front of Form)

The CMF serves as a clinical assessment and tracking tool and provides an operationally defined outcome measure, the **CURRENT CLINICAL STATUS**, that is particularly useful across the mood disorder spectrum.

Ask patients to complete the front of the form (sections A–C) during each visit. Use the following to evaluate patient responses:

A	B	C
Stressors, Medical Problems, and Common Comorbid Conditions Use the information from this section to evaluate symptoms endorsed.	DSM-IV-TR Based Mood Episode Screening Use the information from this section (and section C) to determine Current Clinical Status (see Clinician Use Only sections below). Review Patient Severity Rating and apply your clinical judgment to assigning DSM-IV-TR criteria.	DSM-IV-TR Associated Symptoms for the Past Week (for Depressive and Manic/Hypomanic Symptoms) Use the item endorsement as well as frequency/severity ratings to determine Current Clinical Status (see below).

For the CLINICIAN USE ONLY area of sections B and C:*

Using clinical judgment, check the items that meet the DSM-IV-TR criteria for a Major Depressive Episode (MDE) (items 1–7, 11–12) and Mania/Hypomania (ME/HME) (items 3–5, 8–10, and 12–14). Consider only those items marked “Nearly Every Day” or “Constant and Severe.”

Note: Some symptoms overlap between the MDE and ME/HME and may be counted towards both MDE and ME/HME totals. However, items 3–9 can be distinguished between MDE and ME/HME depending if the patient rates the item frequency/severity as having increased (↑) or decreased (↓), when compared to the patient’s usual self. For example, item 3 counts towards MDE if the patient rates the item as having **DECREASED** in frequency/severity when compared to the patient’s usual self. Conversely, the item counts towards ME/HME if the patient selects an **INCREASED** frequency/severity rating.

Total the number of items endorsed for MDE and ME/HME to obtain patient’s **CURRENT CLINICAL STATUS** (see below).

**Clinicians using the CMF Clinician Use Only section should have knowledge of DSM-IV-TR criteria for bipolar disorder and all associated mood phases.*

CMF For Clinician Use Only (Back of Form)

The CMF allows the clinician to use a single, efficient form to record the patient’s treatment plan, clarify current clinical status, and document progress. Each section of the clinician portion of the form provides space to record key diagnostic/treatment elements, including current clinical status, selected mental status, global assessment, last labs, other adverse effects, and treatments.

For the CURRENT CLINICAL STATUS section, use the total items endorsed for MDE and ME/HME from sections B and C on the front of the form (modified by clinical judgment) to select the appropriate current diagnostic category as indicated below:

Items counted from sections **B** and **C**

<ul style="list-style-type: none">■ Depression — ≥5 MDE symptoms including depressed mood and/or loss of interest in pleasures■ Mania/Hypomania — ≥3 ME/HME symptoms unless only irritable (noted in section B), then ≥4 symptoms for at least 7 days (or hospitalization) for mania; minimum 4 days for hypomania■ Mixed Episodes — Criteria for both MDE and ME/HME for at least a 1-week duration	<ul style="list-style-type: none">■ Continuing Symptoms — ≥3 MDE or ME/HME symptoms continued from the last episode■ Recovering — ≤2 MDE or ME/HME symptoms continued from last episode■ Recovered — ≤2 MDE or ME/HME symptoms for ≥8 consecutive weeks since last episode■ Roughening — ≥3 MDE or ME/HME symptoms since a “recovered” status
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PATIENT SELF-REPORT of the Clinical Monitoring Form

NAME: _____ **DATE:** _____

A In the last 2 weeks:

	Yes	No
■ Have you experienced a major stress, which you feel has caused your mood to change? <i>If yes, describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you experienced other medical problems? <i>If yes, describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you had additional psychiatric care/treatment or other medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
■ What is the least you have slept in any one day? _____ hrs. The most you have slept in any one day? _____ hrs.		
■ Women — First day of your last period: _____ / _____ / _____		
■ Have you had (<i>check all that apply</i>): <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Binging/Purging <input type="checkbox"/> Headaches		
■ Indicate your use of: Caffeine _____ cups/day Nicotine _____ packs/day Alcohol _____ drinks/week Drugs Indicate type and amount: _____		
■ What is your current weight? _____		

B In the last 2 weeks, has there been a period of time when you:

	Yes	No	If Yes, # of Days	CLINICIAN USE ONLY DSM CRITERIA ME/ HME
■ Felt down or depressed most of the day or nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
■ Were a lot less interested in most things or unable to enjoy things you usually enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
■ Felt so good or so hyper that people thought you were not your normal self, or you were so hyper you got in trouble?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
■ Were so irritable that you would shout at people or start fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

C Rate this week for INCREASE or DECREASE compared to your usual when well: (Put a check in the appropriate box for your best answer)

	← ← ← DECREASED ← ← ←				WELL	→ → → INCREASED → → →				CLINICIAN USE ONLY DSM CRITERIA ME/ HME	
	Constant & Severe	Nearly Every Day	Often	Rarely & or Mild	Normal or None	Rarely & or Mild	Often	Nearly Every Day	Constant & Severe		MDE
1. Energy	4	3	2	1	0	1	2	3	4	_____	_____
2. Appetite	4	3	2	1	0	1	2	3	4	_____	_____
3. Self confidence/self esteem	4	3	2	1	0	1	2	3	4	_____↓_____↑	_____↑_____↓
4. Speed of movement, speech, or thoughts	4	3	2	1	0	1	2	3	4	_____↓_____↑	_____↑_____↓
5. Sleep	4	3	2	1	0	1	2	3	4	_____↑_____↓	_____↓_____↑
6. Ability to enjoy pleasant things/usual interests	4	3	2	1	0	0	0	0	0	_____↓	_____↓
7. Ability to concentrate	4	3	2	1	0	0	0	0	0	_____↓	_____↓
8. Talking	0	0	0	0	0	1	2	3	4	_____↑	_____↑
9. Making plans or getting new projects started	0	0	0	0	0	1	2	3	4	_____↑	_____↑
10. Physical restlessness/agitation					0	1	2	3	4	_____	_____
11. Feel life isn't worth living					0	1	2	3	4	_____	_____
12. Distractibility					0	1	2	3	4	_____	_____
13. Racing thoughts					0	1	2	3	4	_____	_____
14. Behaviors others regard as excessive, foolish, or risky					0	1	2	3	4	_____	_____
										TOTAL	_____

CLINICAL MONITORING FORM for Clinician Use Only

DIAGNOSTIC, TREATMENT, AND SEVERITY RATING INFORMATION

CURRENT CLINICAL STATUS (Check only one)	
<input type="checkbox"/> Depression ≥ 5 MDE	<input type="checkbox"/> Continuing Sx
<input type="checkbox"/> Mania $\geq 3^*$	<input type="checkbox"/> Recovering
<input type="checkbox"/> Hypomania $\geq 3^*$	<input type="checkbox"/> Recovered
<input type="checkbox"/> Mixed episodes	<input type="checkbox"/> Roughening
<input type="checkbox"/> Other diagnosis:	

SELECTED MENTAL STATUS	
Severity 0-4	
0 = none 1 = mild	2 = moderate 3 = marked
4 = severe	
Paranoid Ideation	
Ideas of Reference	
Obsessions Compulsions	
Hallucinations	
Delusions	

GLOBAL ASSESSMENT	
GAF/week	(1-90)
GAF/month	(1-90)

LAST LABS	
Date	___/___/___
Li =	VPA =
Creat =	TSH =
Cholesterol =	Glucose =

* ≥ 4 if only irritability is checked in Section B on the front of the form.

OTHER ADVERSE EFFECTS	
Severity 0-4	
0 = none 1 = mild	2 = moderate 3 = marked
4 = severe	
Tremor	
Dry Mouth	
Sedation	
Constipation	
Poor Memory	
Sexual Dysfunction	
Increased Appetite	
Weight Gain	
EPS	

TREATMENTS	Dose Mg 24 hr. total	Mg Missed
Mood Stabilizers		
Anxiolytics/Hypnotics		
Antidepressants		
Antipsychotics		
Other		
Psychosocial Interventions _____/mo ECT _____/mo Other: _____/mo Significant Noncompliance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Other Treatment Targets: _____		

NOTES

PLAN

RTC

SIGNATURE _____

