

Bipolar II disorder

Preparing a Bipolar II Care Conversation

Adults | 10 to 15 minutes

Bipolar II disorder involves depressive and hypomanic episodes. It is not simply a milder version of bipolar I. Assessment needs a history across time, including periods that may have felt productive or welcome. This page helps prepare that conversation without identifying episodes for you.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Include both directions of change

Describe a low period and a separate period of unusually increased energy or activity, if present. Note sleep, functioning, and consequences compared with your usual pattern. Ordinary good days and changing moods alone do not establish hypomania.

Discuss the whole care plan

Ask how treatment will address depression while monitoring changes in activation. Include medicines, substances, health context, and what follow-up is available. A prescriber should guide medication decisions.

1. What low period most affected your functioning, and how was it different from your usual experience?

2. Was there a distinct period of increased energy, activity, or reduced sleep need worth discussing?

3. What impact and relevant medicine, substance, or health context accompanied these changes?

4. What would you like to ask about treatment, monitoring, and when to seek earlier help?

Clinical use and adaptation

Assess longitudinally and avoid minimizing bipolar II severity. Explore suicidality, mixed symptoms, substances, and medical causes. Do not use this page as a diagnostic checklist or recommend activity increases without considering current activation and clinical context.