

## Brief Child Mania Rating Scale (Parent Version)

I am this child's:    Mother    Father    Stepmother    Stepfather

Other, specify 

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I have lived with him/her for: 

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 months, OR 

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 years

**Instructions:**

We would like to learn more about your child. The following questions concern your child's mood and behavior **in the past month** and **any time in the past**. Please fill in the circle for each item.

Please consider it a problem if it is **causing trouble** and is beyond what is normal for your child's age. Otherwise, fill in *rarely/never* if the behavior is not causing trouble.

***Does your child...***

		Rarely/Never 0	Sometimes 1	Often 2	Very Often 3
1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling on top of the world?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feel irritable, cranky, or mad for hours or days at a time?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Believe that s/he has unrealistic abilities or unusual powers that s/he may try to act upon, thereby causing trouble?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Need less sleep than usual; yet does not feel tired the next day?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have periods of racing thoughts that his /her mind cannot slow down, and it seems that your child's mouth cannot keep up with his/her thoughts?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Talk so fast the s/he jumps from topic to topic?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do many more things than usual, or is unusually productive or highly creative?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Behave in a sexually inappropriate way (e.g., talking dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touching others sexually)?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have rage attacks, intense and prolonged temper tantrums?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Hear voices that nobody else can hear?	In the past month:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Any time in the past:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have reported some problems above (in the past month or any time in the past), have **FOUR or more** of the above problems ever happened during the same period of time?

Yes (1)    No (0)

Please fill in a bubble if a family member (on either side) has ever been diagnosed with mania, manic-depressive illness, or bipolar disorder:

You    Your spouse    Grandparent    Aunt    Uncle    Sibling

<b>Total Score</b>	Past Month:		
	Any time:		

Inpatient  
 Imaging

**Time point:**    Intake    Post D/C    Final Visit

**ID:**

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**Date:**

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