

BRIEF CMRS, PARENT VERSION

Child's name

Date of Birth
(mm/dd/yy)

Case # / ID #

INSTRUCTIONS

The following questions concern your child's mood and behavior in the **past month**. Please place a check mark or an 'x' in a box 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, check 'rare or never' if the behavior is not causing trouble.

<i>Does your child . . .</i>	NEVER/ RARELY	SOMETIMES	OFTEN	VERY OFTEN	_____
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"	0	1	2	3	_____
2. Feel irritable, cranky, or mad for hours or days at a time	0	1	2	3	_____
3. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble	0	1	2	3	_____
4. Need less sleep than usual; yet does not feel tired the next day	0	1	2	3	_____
5. Have periods of racing thoughts that his or her mind cannot slow down , and it seems that your child's mouth cannot keep up with his or her mind	0	1	2	3	_____
6. Talk so fast that he or she jumps from topic to topic	0	1	2	3	_____
7. Do many more things than usual, or is unusually productive or highly creative	0	1	2	3	_____
8. Behave in a sexually inappropriate way (e.g., talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touches others sexually)	0	1	2	3	_____
9. Have rage attacks, intense and prolonged temper tantrums	0	1	2	3	_____
10. Hear voices that nobody else can hear	0	1	2	3	_____

TOTAL SCORE _____

Please send comments to:
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