

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"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Feel irritable, cranky, or mad for hours or days at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Think that he or she can be anything or do anything (e.g., leader, best basket ball player, rap singer, millionaire, princess) beyond what is usual for that age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Need less sleep than usual; yet does not feel tired the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have periods of too much energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have periods when she or he talks too much or too loud or talks a mile-a-minute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Talk so fast that he or she jumps from topic to topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Rush around doing things nonstop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have trouble staying on track and is easily drawn to what is happening around him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Do many more things than usual, or is unusually productive or highly creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Go and talk to strangers inappropriately, is more socially outgoing than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Does your child . . .</i>	NEVER	SOMETIMES	OFTEN	VERY OFTEN	_____
15. Do things that are unusual for him or her that are foolish or risky (e.g., jumping off heights, ordering CDs with your credit cards, giving things away)	0	1	2	3	_____
16. Have rage attacks, intense and prolonged temper tantrums	0	1	2	3	_____
17. Crack jokes or pun more than usual, laugh loud, or act silly in a way that is out of the ordinary	0	1	2	3	_____
18. Experience rapid mood swings	0	1	2	3	_____
19. Have any suspicious or strange thoughts	0	1	2	3	_____
20. Hear voices that nobody else can hear	0	1	2	3	_____
21. See things that nobody else can see	0	1	2	3	_____

TOTAL SCORE _____

Please send comments to:
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