

Child Mania Rating Scale, Parent Version (CMRS-P)

Child's name: _____ Date of Birth: _____

Case # / ID #: _____

INSTRUCTIONS

The following questions concern your child's mood and behavior in the past week. Please place a checkmark 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.

	NEVER	SOMETIMES	OFTEN	VERY OFTEN	DESCRIPTION
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have periods of feeling super happy for hours or days...
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feel irritable, cranky, or mad for hours or days...
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Think that he or she can be anything or do anything...
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Believe that he or she has unrealistic abilities or powers...
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Need less sleep than usual; yet does not feel tired the next day...
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have periods of too much energy...
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have periods when she or he talks too much or too loud...
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have periods of racing thoughts...
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk so fast that he or she jumps from topic to topic...
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rush around doing things nonstop...

11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have trouble staying on track...
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do many more things than usual...
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behave in a sexually inappropriate way...
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go and talk to strangers inappropriately...
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do things that are unusual or risky, like jumping off heights...

NOTES: Please use this section to provide any additional observations, comments, or concerns regarding your child's behavior, mood, or any specific incidents that may be relevant. Feel free to provide as much detail as needed.