

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **YMRS - PARENT VERSION**

**Directions: Please read each question below and circle the answer number which most closely describes your child.**

**1. Mood - *Is your child's mood higher (better) than usual?***

0. No
1. Mildly or possibly increased
2. Definite elevation- more optimistic, self-confident; cheerful; appropriate to their conversation
3. Elevated but inappropriate to content; joking, mildly silly
4. Euphoric; inappropriate laughter; singing/making noises; very silly

**2. Motor Activity/Energy - *Does your child's energy level or motor activity appear to be greater than usual?***

0. No
1. Mildly or possibly increased
2. More animated; increased gesturing
3. Energy is excessive; hyperactive at times; restless but can be calmed
4. Very excited; continuous hyperactivity; cannot be calmed

**3. Sexual Interest - *Is your child showing more than usual interest in sexual matters?***

0. No
1. Mildly or possibly increased
2. Definite increase when the topic arises
3. Talks spontaneously about sexual matters; gives more detail than usual; more interested in girls/boys than usual
4. Has shown open sexual behavior- touching others or self inappropriately

**4. Sleep - *Has your child's sleep decreased lately?***

0. No
1. Sleeping less than normal amount by up to one hour
2. Sleeping less than normal amount by more than one hour
3. Need for sleep appears decreased; less than four hours
4. Denies need for sleep; has stayed up one night or more

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**YMRS-Parent Continued...**

**5. Irritability - *Has your child appeared irritable?***

0. No more than usual
2. More grouchy or crabby
4. Irritable openly several times throughout the day; recent episodes of anger with family, at school, or with friends
6. Frequently irritable to point of being rude or withdrawn
8. Hostile and uncooperative about all the time

**6. Speech (rate and amount) - *Is your child talking more quickly or more than usual?***

0. No change
2. Seems more talkative
4. Talking faster or more to say at times
6. Talking more or faster to point he/she is difficult to interrupt
8. Continuous speech; unable to interrupt

**7. Thoughts - *Has your child shown changes in his/her thought patterns?***

0. No
1. Thinking faster; some decrease in concentration; talking "around the issue"
2. Distractible; loses track of the point; changes topics frequently; thoughts racing
3. Difficult to follow; goes from one idea to the next; topics do not relate; makes rhymes or repeats words
4. Not understandable; he/she doesn't seem to make any sense

**8. Content - *Is your child talking about different things than usual?***

0. No
2. He/she has new interests and is making more plans
4. Making special projects; more religious or interested in God
6. Thinks more of him/herself; believes he/she has special powers; believes he/she is receiving special messages
8. Is hearing unreal noises/voices; detects odors no one else smells; feels unusual sensations; has unreal beliefs

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**YMRS-Parent Continued...**

**9. Disruptive-Aggressive Behavior - *Has your child been more disruptive or aggressive?***

0. No; he/she is cooperative
2. Sarcastic; loud; defensive
4. More demanding; making threats
6. Has threatened a family member or teacher; shouting; knocking over possessions/ furniture or hitting a wall
8. Has attacked family member, teacher, or peer; destroyed property; cannot be spoken to without violence

**10. Appearance - *Has your child's interest in his/her appearance changed recently?***

0. No
1. A little less or more interest in grooming than usual
2. Doesn't care about washing or changing clothes, or is changing clothes more than three times a day
3. Very messy; needs to be supervised to finish dressing; applying makeup in overly-done or poor fashion
4. Refuses to dress appropriately; wearing bizarre styles

**11. Insight - *Does your child think he/she needs help at this time?***

0. Yes; admits difficulties and wants treatment
1. Believes there might be something wrong
2. Admits to change in behavior but denies he/she needs help
3. Admits behavior might have changed but denies need for help
4. Denies there have been any changes in his/her behavior/thinking

**Signature of Parent / Guardian:** \_\_\_\_\_