

LEVEL 2—Mania—Parent/Guardian of Child Age 6–17*

*Adapted from the Altman Self-Rating Mania Scale (ASRM)

Child's Name: _____ Age: _____ Sex: Male Female Date: _____

What is your relationship with the child receiving care? _____

Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “sleeping less than usual, but still have a lot of energy” and/or “only sleeping for a short time at night” at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail.

1. **Please read each group of statements/question carefully.**
2. Choose the one statement in each group that best describes the way your child has been feeling for **the past week**.
3. Check the box (✓ or x) next to the number/statement selected.
4. **Please note:** The word “occasionally” when used here means once or twice; “often” means several times or more and “frequently” means most of the time.

		Clinician Use
Question 1		Item score
<input type="checkbox"/> 1	He/she does not feel happier or more cheerful than usual.	
<input type="checkbox"/> 2	He/she occasionally feels happier or more cheerful than usual.	
<input type="checkbox"/> 3	He/she often feels happier or more cheerful than usual.	
<input type="checkbox"/> 4	He/she feels happier or more cheerful than usual most of the time.	
<input type="checkbox"/> 5	He/she feels happier of more cheerful than usual all of the time.	
Question 2		
<input type="checkbox"/> 1	He/she does not feel more self-confident than usual.	
<input type="checkbox"/> 2	He/she occasionally feels more self-confident than usual.	
<input type="checkbox"/> 3	He/she often feels more self-confident than usual.	
<input type="checkbox"/> 4	He/she frequently feels more self-confident than usual.	
<input type="checkbox"/> 5	He/she feels extremely self-confident all of the time.	
Question 3		
<input type="checkbox"/> 1	He/she does not need less sleep than usual.	
<input type="checkbox"/> 2	He/she occasionally needs less sleep than usual.	
<input type="checkbox"/> 3	He/she often needs less sleep than usual.	
<input type="checkbox"/> 4	He/she frequently needs less sleep than usual.	
<input type="checkbox"/> 5	He/she can go all day and all night without any sleep and still not feel tired.	
Question 4		
<input type="checkbox"/> 1	He/she does not talk more than usual.	
<input type="checkbox"/> 2	He/she occasionally talks more than usual.	
<input type="checkbox"/> 3	He/she often talks more than usual.	
<input type="checkbox"/> 4	He/she frequently talks more than usual.	
<input type="checkbox"/> 5	He/she talks constantly and cannot be interrupted.	
Question 5		
<input type="checkbox"/> 1	He/she has not been more active (either socially, sexually, at work, home, or school) than usual.	
<input type="checkbox"/> 2	He/she has occasionally been more active than usual.	
<input type="checkbox"/> 3	He/she has often been more active than usual.	
<input type="checkbox"/> 4	He/she has frequently been more active than usual.	
<input type="checkbox"/> 5	He/she is constantly more active or on the go all the time.	
Total/Partial Raw Score:		
Prorated Total Raw Score: (if 1 item left unanswered)		

Instructions to Clinicians

The DSM-5 Level 2—Mania—Parent/Guardian of Child Age 6–17 measure is the Altman Self-Rating Mania Scale adapted for informant reporting on the child’s manic symptoms. The ASRM is a 5-item self-rating mania scale designed to assess the presence and/or severity of manic symptoms. The adapted version of the measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of the child’s manic symptom **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 1 to 5) with the response categories having different anchors depending on the item. The ASRM total score can range from 5 to 25 with higher scores indicating greater severity of manic symptoms. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 5 items should be summed to obtain a total raw score and should be interpreted using the Interpretation Table for the ASRM below:

Interpretation Table for the ASRM

- A score of 6 or higher indicates a high probability of a manic or hypomanic condition
- A score of 6 or higher may indicate a need for treatment and/or further diagnostic workup
- A score of 5 or lower is less likely to be associated with significant symptoms of mania

Note: If 2 or more items are left unanswered on the measure, the total scores should not be calculated. Therefore, the parent or guardian should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the ASRM (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e., 4).

Prorated Score =
$$\frac{(\text{Partial Raw Score} \times \text{number of items on the ASRM})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

The prorated total raw score should be interpreted using the Interpretation Table for the ASRM scale above.

Frequency of Use:

To track change in the severity of the child’s manic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.