

YMRS - PARENT VERSION

Child's Name: _____

Date: _____

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

1. *Is your child's mood higher (or 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. *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

2. *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

2. *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

2. *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 Frequently irritable to point of being rude or withdrawn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

3. *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
- 0. Talking more or faster to point he/she is difficult to interrupt
- 8. Continuous speech; unable to interrupt

2. *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

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2. *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

2. *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

2. *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

3. *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

Signature of Parent / Guardian:
