

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 Frequently irritable to point of being rude or withdrawn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: _____