YMRS - PARENT VERSION

Directions: Please read each question below and circle the answer number that 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; is 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
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 Frequently irritable to point of being rude or withdrawn  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

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 time 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:** ________________________________________________