## BRIEF CMRS, PARENT VERSION

Child's name		Date of Birth (mm/dd/yy)		Case # / ID #		
Instructions		1/ yy)				
The following questions concern your child's mood and behavior in the <b>past month</b> . Please place a check mark or an 'x' in a box for each item. Please consider it a problem if it is <b>causing trouble</b> and is beyond what is normal for your child's age. Otherwise, check 'rare or never' if the behavior is not causing trouble.						
Does your child		NEVER/ Rarely	SOMETIMES	OFTEN	Very Often	
	uper happy for hours or days at a p and excited, such as feeling	0	1	2	3	
2. Feel irritable, cranky, or r	mad for hours or days at a time	0	1	2	3	
3. Believe that he or she has powers that are unusual, which causes trouble	unrealistic abilities or and may try to act upon them,	0	1	2	3	
4. Need less sleep than usua the next day	al; yet does not feel tired	0	1	2	3	
	oughts that his or her mind seems that your child's mouth or her mind	0	1	2	3	
6. Talk so fast that he or she	e jumps from topic to topic	0	1	2	3	
7. Do many more things that productive or highly creat		0	1	2	3	
	y, playing with private parts, x phone calls, humping on	0	1	2	3	
9. Have rage attacks, intens tantrums	e and prolonged temper	0	1	2	3	
10. Hear voices that nobody	else can hear	0	1	2	3	
			TOTAL SCORE			

Please send comments to: Mpavuluri@psych.uic.edu