

K-SADS MANIA RATING SCALE- FOLLOW UP VISITS

Visit: 3 month 6 month 9 month 12 month 18 month 24 month

BIPOLAR DISORDERS

This rating scale is based on the items from the WASH-U-KSADS (Barbara Geller, M.D.) and the 4th Revision of the KSADS-P (Joaquim Puig-Antich, M.D. and Neal Ryan, M.D.). The following items are to determine the presence of mania or hypomania during a period of time prescribed by the rater/ study. At the end of the scale, the rater should note the onset and offset of the time period being rated. If any of the items are judged present, inquire in a general way to determine how s/he was behaving at the time with such questions as, "When you were this way, what kind of things were you doing? How did you spend your time?" If there have been manic periods it is exceedingly important that they are clearly delineated. Whenever two or more items are scored positively, it is important to determine if they occurred at the same time.

If the subject has only described dysphoric mood, the following questions regarding the manic syndrome should be introduced with a statement such as, "I know you have been feeling (___), however, many people have other feelings mixed in or at different times too." The most difficult patients to assess are those in whom manic and depressed symptoms simultaneously coexist, superimposed on each other during the same times (Mixed States). The rater should keep this possibility in mind as s/he goes through this section.

1. Elation, Expansive Mood

Elevated mood and/or optimistic attitude toward the future which lasted at least 4 hours and was out of proportion to the circumstances. Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas gifts, birthdays, amusement parks, which normally overstimulate and make children very excited.

Have (there been times when) you felt very good or too cheerful or high or terrific or great, or just not your normal self?
If unclear:
When you felt on top of the world or as if there was nothing you couldn't do? ...That this is the best of all possible worlds?
Have you felt that everything would work out just the way you wanted?
If people saw you, would they think you were just in a good mood or something more than that?
Did you get as if you were drunk? Did you laugh a lot, get silly? Did you feel super happy? When did this happen?
(example)

	P	C	S
Most Severe Past Episode	9	9	9
	PAST is not rated at follow up visits		

Worst week in past month

	P	C	S		
[] [] []	[]	[]	[]	0	No Information
[] [] []	[]	[]	[]	1	Not at all, normal, or depressed
[] [] []	[]	[]	[]	2	Slight: Good spirits, more cheerful than most people in his/her circumstances, but of only possible clinical significance.
[] [] []	[]	[]	[]	3	Mild: Definitely elevated mood and optimistic outlook that is somewhat out of proportion to his/her circumstances.
[] [] []	[]	[]	[]	4	Moderate: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others.
[] [] []	[]	[]	[]	5	Severe: Quality of euphoric mood way out of proportion to circumstances.
[] [] []	[]	[]	[]	6	Extreme: Clearly elated, almost constantly exalted expression, overexpansive.

2. IRRITABILITY AND ANGER

Subjective feeling of irritability, anger, crankiness, bad temper, short tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings. Do not rate here if irritability is due to depression or disruptive disorders.

Do you get annoyed and irritated or cranky at little things?
What kinds of things?
Have you been feeling mad or angry also (even if you don't show it)? How angry? More than before?
What kinds of things make you feel angry?
Do you sometimes feel angry and/or irritable, and/or cranky and don't know why? Does this happen often?
Do you lose your temper?
With your family? Your friends? Who else? At school? What do you do?
Has anybody said anything about it?
How much of the time do you feel angry, irritable, and/or cranky: All of the time? Lots of the time? Just now and then? None of the time?

When you get mad, what do you think about?
Do you think about killing others? Or about hurting them or torturing them?
Whom: Do you have a plan? How?

	P	C	S
Most Severe Past Episode	9	9	9
	PAST is not rated at follow up visits		

Worst week in past month

	P	C	S		
[] [] []	[]	[]	[]	0	No Information
[] [] []	[]	[]	[]	1	Not at all, clearly of no clinical significance
[] [] []	[]	[]	[]	2	Slight and doubtful clinical significance.
[] [] []	[]	[]	[]	3	Mild: Often (at least 3X/3 hrs. ea. week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts;
[] [] []	[]	[]	[]	4	Moderate: Most days irritable/angry or over 50% of awake time. Often shouts, loses temper. Occasional homicidal thoughts.
[] [] []	[]	[]	[]	5	Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
[] [] []	[]	[]	[]	6	Extreme: Most of the time feels extremely angry or irritable, to the point s/he "can't stand it." Or frequent uncontrollable tantrums.

Site Colorado Pittsburgh Cincinnati

ID: Date: / / 2 0



3. DECREASED NEED FOR SLEEP

Less need for sleep than usual in order to feel rested (average for several days when needed less sleep). (Refer to norms on insomnia)

Have you needed less sleep than usual to feel rested? How much sleep do you ordinarily need?

How much do you sleep when you are feeling so good?
When you wake up do you feel good and rested?

When you cannot fall asleep or when you get up through the night, what types of things do you do?

Watch TV? Read? or do you do active things? (e.g., rearrange furniture? clean house? exercise?)

Do you have a lot of thoughts go through your mind when awake? What kinds of thoughts?

Do you worry? About what types of things?

How long are you awake? How often during the night? During the week?

Worst week in past month

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No change or more sleep needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Up to 1 hour less than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Up to 2 hours less than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Up to 3 hours less than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Up to 4 hours less than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 4 or more hours less than usual

Most Severe Past Episode

P	C	S
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

PAST is not rated at follow up visits

4. UNUSUALLY ENERGETIC

More active than his/her usual level without expected fatigue.

Have you had more energy than usual to do things?

Did people tell you that you were (are) non-stop?

Did you agree with them? Did it seem like too much energy? Do you know why? Were you doing too many things? Did you feel tired?

When did this happen? (example)

Worst week in past month

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No difference than usual or less energetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more energetic but of questionable significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Little change in activity level but less fatigued than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Somewhat more active than usual with little or no fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Much more active than usual with little or no fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Unusually active all day long with little or no fatigue

Most Severe Past Episode

P	C	S
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

PAST is not rated at follow up visits

5a. INCREASE IN GOAL-DIRECTED ACTIVITY

As compared with usual level. Consider changes in scholastic, social, sexual, or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing)

Is there any time when you were more active or involved in things compared to the way you usually are? What about in school, at your club, scouts, church, at home, friends, hobbies, new projects or interests?

Were you doing a lot of things?

How much of your day has been spent in this?

Were you trying to do so many different things that you couldn't keep up?

When did this happen? (example)

Worst week in past month

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No change or decrease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more interest or activity but of questionable significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild but definite increase in general activity level involving several areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate generalized increase in activity level involving several areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked increase and almost constantly involved in numerous activities in many areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme, e.g., constantly active in a variety of activities from awakening until going to sleep

Most Severe Past Episode

P	C	S
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

PAST is not rated at follow up visits

ID:



5b. MOTOR HYPERACTIVITY

Visible manifestations of generalized motor hyperactivity which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness. Make sure it is not chronic but episodic hyperactivity.

When you were (___), were there times when you were (high, feeling so good, so angry) that you were always moving, could not stay put, were unable to sit still or you always had to be moving, pacing up and down?

Or are you always like that?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all or retarded
[]	[]	[]	2 Slight increases which is of doubtful clinical significance
[]	[]	[]	3 Mild: Unable to sit quietly in a chair
[]	[]	[]	4 Moderate: Paces about a great deal
[]	[]	[]	5 Marked: Almost constantly moving and pacing about
[]	[]	[]	6 Extreme: so hyperactive that s/he would exhaust her/himself if not restrained

6. GRANDIOSITY

Increased self-esteem and appraisal of his/her worth, power, or knowledge (up to grandiose delusions) as compared with usual level. Persecutory delusions should not be considered evidence of grandiosity unless that subject feels the persecution is due to some special attributes of his/her (e.g., power, knowledge).

Have you felt more self-confident than usual?

Have you felt much better than others? ...smarter? ...stronger?

Why?

Have you felt that you are a particularly important person or that you had special talents or abilities?

What about special plans?

When did this happen? (example)

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all or decreased self esteem
[]	[]	[]	2 Slight: somewhat more confident about himself but of doubtful clinical significance
[]	[]	[]	3 Mild: Definitely overestimates or exaggerates at least two of his talents, prospects or plans
[]	[]	[]	4 Moderate: Disproportionately inflated self-esteem involving several areas of functioning
[]	[]	[]	5 Severe: Marked, global, overevaluation of her/himself and her/his abilities, but falls short of true delusions
[]	[]	[]	6 Extreme: Clear grandiose delusions

7. ACCELERATED, PRESSURED OR INCREASED AMOUNT OF SPEECH

When you were (___), were there times that you talked very rapidly or talked on and on and couldn't be stopped?

Did people say you were talking too much?

Could people understand you?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all of retarded speech
[]	[]	[]	2 Slight increase which is doubtful clinical significance
[]	[]	[]	3 Mild: Noticeably more verbose than normal but conversation is not strained
[]	[]	[]	4 Moderate: So verbose that conversation is strained
[]	[]	[]	5 Marked: So rapid that conversation is difficult to maintain
[]	[]	[]	6 Extreme: Talks rapidly or continuously and cannot be interrupted. Conversation extremely difficult or impossible

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8a. RACING THOUGHTS

Subjective experience that thinking was markedly accelerated.

When you were (___), were there times when your thoughts raced through your mind?

Did you have more ideas than usual or more than you could handle?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all
[]	[]	[]	2 Doubtful
[]	[]	[]	3 Mild: Occasional racing thoughts at least 3 times per week
[]	[]	[]	4 Moderate: Racing thoughts at least 50% of awake time
[]	[]	[]	5 Severe: Racing thoughts most of the time
[]	[]	[]	6 Extreme: Almost constant racing thoughts

8b. FLIGHT OF IDEAS (Observed or reported by informant)

Accelerated speech with abrupt changes from topic to topic, usually based on understandable associations, distracting stimuli or play on words. In rating severity consider speed of associations, inability to complete ideas and sustain attention in a goal-directed manner. When severe, complete or partial sentences may be galloping on each other so fast that apparent sentence to sentence derailment and/or sentence incoherence may also be present. An extreme example of this symptom is "You have to be quiet to be sad. Everything having to do with 's' is quiet-on the q.t, -sit, sob, sigh, sin, sorrow, surcease, sought, sand, sweet mother's love and salvation."

Have there been times when people could not understand you?

When they said you did not make sense?

Could you give me an example?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all or some other form of
[]	[]	[]	2 Slight: Occasional instances, which are of doubtful clinical significance
[]	[]	[]	3 Mild: Occasional instances of abrupt change in topic with some impairment in understandability. >5% of sentence to sentence transitions are abrupt
[]	[]	[]	4 Moderate: Frequent instances with moderate impairment in understandability. >10%
[]	[]	[]	5 Severe: Very frequent instances with definite impairment in understandability. >25%
[]	[]	[]	6 Extreme: Most of speech consists of such rapid changes of topic that is impossible to follow. >50%

9. POOR JUDGEMENT

Excessive involvement in dangerous activities without recognizing the high potential for painful consequences.

When you were (___), did you do anything that caused trouble for you or your family...or friends?

What about anything that could have?

Did you do things you normally wouldn't do (like giving away a whole lot of things or taking a whole lot of chances)?

Did you think of what would happen before you did it?

Was there anything that you did that you now think you could not have done?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all
[]	[]	[]	2 Slight: Of doubtful clinical significance
[]	[]	[]	3 Mild: e.g., Calls friends at odd hours
[]	[]	[]	4 Moderate: e.g., Purchases many things she/he doesn't need and can't afford or gives money away
[]	[]	[]	5 Severe: e.g., On impulse, goes to places without plans or money and takes too many chances
[]	[]	[]	6 Very Severe: Attempts activities with potentially very dangerous consequences

ID:

25906



5 **Worst week in past month**

10. DISTRACTIBILITY (Observed or reported by informant)

Child presents evidence of difficulty focusing his/her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/her answers, and is drawn by irrelevant stimuli he cannot shut off. Not to be confused with avoidance of uncomfortable themes.

Have you ever been told that you have trouble sticking to what you are supposed to do? did you?
 Can you give me an example?
 Has a teacher told you that you "always" get distracted?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

	P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Of doubtful clinical significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Present but responds to structuring and repetition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Difficult to complete interview because of child's inattentiveness which doesn't respond to structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Impossible to complete interview because of child's inattentiveness

11. HALLUCINATIONS

Sometimes children, when they are alone, hear voices or see things, or smell things and they don't quite know where they come from.

Has this happened to you?
 Do you ever hear voices when you are alone?
 Have you ever seen things that were not there?
 When did you?
 What did you see?
 What did you hear?
 Has there been anything unusual about the way things sounded?

How often have you heard these voices (noises)? (smell, feeling, visions) Is it some of the time, only now and then, most of the time, or all of the time?

What do you think it is?
 Do you think it is your imagination or real?
 Did you think it was real when you (heard, saw, etc.) it?
 Do you think it's real or your imagination now?
 What did you do when you (heard, saw, etc.) it?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

	P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information or N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all - Absent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Suspected / Possible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely present but subject is generally aware it is his imagination and usually able to ignore it. Occurs no more than once per week.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Generally believes in the reality of the hallucinations, but it has little influence on his behavior. (Or) Occurs at least once per week.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Convinced his hallucination is real and significantly effects his actions. i.e.: locks door to keep pursuers away. (or) Occurs frequently.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Actions based on hallucinations have major impact on him or others: Unable to do school work because of constant "conversations." (or) Occurs most of the time.

12. DELUSIONS

Do you know what imaginations is? Tell me.
 Sometimes does your imagination play tricks on you? What kind of tricks? Tell me more about them.
 Do you have any ideas about things that you don't tell anyone because they might not understand? What are they?
 Do you have any secret thoughts? Tell me about them.
 Do you believe in other things that other people don't believe in? Like what?
 Is anybody out to hurt you?
 Does anybody control your mind or body (like a robot)?
 Is anything happening to your body?
 Do you ever feel the world is coming to an end?
 Do you ever think you are an important or great person? Who?

Are you sure that this (...?) is this way?
 Could there be any other reason for it?
 Who do you know that it happens as you say?
 Any other possible explanation?
 Do you enjoy making up stories like this?
 Or is it different from making up stories?
 (you might suggest other possible explanations and see how the subject reacts to them)

Did you ever think that this was your imagination?
 Do you think it could be your imagination?
 What did you do about...?

	P	C	S
Most Severe Past Episode	9	9	9

PAST is not rated at follow up visits

Worst week in past month

	P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Definitely not delusional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Suspected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Delusion definitely present but at times subject questions his false belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Generally has conviction in his false belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Delusion has a significant effect on his actions, e.g., often asks family to forgive his sins, preoccupied with belief that he is a new Messiah.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Actions based on delusions have major impact on him or others, e.g., stops eating because believes food is poisoned.



***13. MOOD LABILITY**

Changability of mood; rapid mood variation with several mood states (angry, elated, depressed, anxious, relaxed) within a brief period of time; appears internally driven without regard to circumstances or not related to anything external to the patient. Could be an exaggerated mood change in regard to minor slights, frustrations or positive events.

P	C	S	
[]	[]	[]	0 No information
[]	[]	[]	1 Not at all
[]	[]	[]	2 Slight: Some moodiness or mood variation possibly out of proportion to circumstances, but of doubtful significance
[]	[]	[]	3 Mild: Definite mood changes, internally driven or somewhat out of proportion to circumstances, occurring several times per day. Noticeable by others, but does not cause impairment in function or relationships.
[]	[]	[]	4 Moderate: Many mood changes throughout the day, can vary from elevated mood to anger to sadness within couple of hours; changes in mood clearly out of proportion to circumstances and cause impairment in functioning
[]	[]	[]	5 Severe: Rapid mood swings nearly all of the time, with mood intensity way out of proportion to circumstances
[]	[]	[]	6 Extreme: Constant, explosive variability in mood, several mood changes occurring within minutes, difficult to identify a particular mood, changes in mood radically out of proportion to circumstances.

	P	C	S
Most Severe Past Episode	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

 PAST is not rated at follow up visits

* Pilot item, not in original K-SADS-MRS

Current time period rated:

Onset / / Offset / /

Most severe past time period rated:

Onset / / Offset / /

To score this interview:

Add the summary scores for items 1- 13. Note: Use the higher score for items 5a and 5b and the higher score for items 8a and 8b.

If the number answered >10, calculate the MRS score by:

$$(\text{total} * (13 / \text{number answered})) - 13$$

Child's Initials

Interviewer's Initials:

ID:

