

# MODIFIED K-SADS MANIA RATING SCALE

## **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.).

**Please rate the severity of each symptom during the past two months.**

**Only rate items 4-13 as present if they fluctuate with elated, expansive, or irritable mood.**

For use with the risk calculator, the summary score of each item (including parent and child input) should be summed together. This value should be entered into the on-line form. This modified questionnaire should be administered by a trained clinician.

### **1. ELATION, EXPANSIVE MOOD**

	<b>P</b>	<b>C</b>	<b>S</b>	
Elevated mood and/or optimistic attitude toward the future which lasted at least 4 hours and was out of proportion to the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, normal, or depressed.
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Good spirits, more cheerful than most people in his/her circumstances, but of only possible clinical significance.
Have (there been times when) you felt very good or too cheerful or high or terrific or great, or just not your normal self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely elevated mood and optimistic outlook that is somewhat out of proportion to his/her circumstances.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Quality of euphoric mood way out of proportion to circumstances.
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clearly elated, almost constantly exalted expression, overexpansive.

### **2. IRRITABILITY AND ANGER**

	<b>P</b>	<b>C</b>	<b>S</b>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, clearly of no clinical significance.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight and doubtful clinical significance.
Do you get annoyed and irritated or cranky at little things? What kinds of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
Have you been feeling mad or angry also (even if you don't show it)? How angry? More than before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Most days irritable/angry or over 50% of awake time. Often shouts, loses temper. Occasional homicidal thoughts.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
Do you lose your temper? With your family? Your friends? Who else? At school? What do you do? Has anybody said anything about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of the time feels extremely angry or irritable, to the point s/he "can't stand it." Or frequent uncontrollable tantrums.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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?				

**3. 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.

<b>P</b>	<b>C</b>	<b>S</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Slight: Some moodiness or mood variation possibly out of proportion to circumstances, but of doubtful significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Severe: Rapid mood swings nearly all of the time, with mood intensity way out of proportion to circumstances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

**4. 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?

<b>P</b>	<b>C</b>	<b>S</b>		
<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.

**5. 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?

<b>P</b>	<b>C</b>	<b>S</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Doubtful.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Mild: Occasional racing thoughts at least 3 times per week.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Moderate: Racing thoughts at least 50% of awake time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Severe: Racing thoughts most of the time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Extreme: Almost constant racing thoughts.

**6. UNUSUALLY ENERGETIC**

	<b>P</b>	<b>C</b>	<b>S</b>	
More active than his/her usual level without expected fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No difference than usual or less energetic.
Have you had more energy than usual to do things? Did people tell you that you were (are) non-stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more energetic but of questionable significance.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Little change in activity level but less fatigued than usual.
When did this happen? (example)	<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.

**7. INCREASE IN GOAL-DIRECTED ACTIVITY**

	<b>P</b>	<b>C</b>	<b>S</b>	
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).	<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.
Is there any time when you were more active or involved in things compared to the way you usually are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild but definite increase in general activity level involving several areas.
What about in school, at your club, scouts, church, at home, friends, hobbies, new projects or interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate generalized increase in activity level involving several areas.
Were you doing a lot of things? How much of your day has been spent in this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked increase and almost constantly involved in numerous activities in many areas.
Were you trying to do so many different things that you couldn't keep up?	<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.
When did this happen? (example)				

**8. MOTOR HYPERACTIVITY**

	<b>P</b>	<b>C</b>	<b>S</b>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or retarded.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increases which is of doubtful clinical significance.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Unable to sit quietly in a chair.
Or are you always like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Paces about a great deal.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: Almost constantly moving and pacing about.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: so hyperactive that s/he would exhaust her/himself if not restrained.

**9. 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or decreased self-esteem.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: somewhat more confident about her/ himself but of doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely overestimates or exaggerates at least two of his talents, prospects or plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Disproportionately inflated self-esteem involving several areas of functioning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Marked, global, over-evaluation of her/ himself and her/ his abilities, but falls short of true delusions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clear grandiose delusions.

**10. 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all of retarded speech.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increase which is doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Noticeably more verbose than normal but conversation is not strained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: So verbose that conversation is strained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: So rapid that conversation is difficult to maintain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Talks rapidly or continuously and cannot be interrupted. Conversation extremely difficult or impossible.

**11. POOR JUDGMENT**

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 should not have done?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Of doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: e.g., Calls friends at odd hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: e.g., Purchases many things she/he doesn't need and can't afford or gives money away.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: e.g., On impulse, goes to places without plans or money and takes too many chances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Very Severe: Attempts activities with potentially very dangerous consequences.

**12. INAPPROPRIATE LAUGHING, JOKING OR GRINNING.**

	<b>P</b>	<b>C</b>	<b>S</b>	
Do you sometimes laugh or act silly? Does this happen for no reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all- laughter appropriate to situation.
Do other people notice? Do you laugh out loud in class? Are the other students quietly doing their work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight- occasional inappropriate laughter of doubtful significance.
Do you sometimes act or talk like a much younger child? Do you use babytalk? Do you ever crawl like a baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- (e.g., child receives verbal reprimands from teacher for laughing in class 3 times in one week).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- (e.g., child sent to principal's office or given detention 3 times or more in one week).

**13. UNINHIBITED PEOPLE SEEKING, GREGARIOUSNESS.**

	<b>P</b>	<b>C</b>	<b>S</b>	
Do you like meeting new people? Are you friendly with people you just met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or shy.
Do your parents ever complain that you are always bringing new people home? How often does this happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Doubtful- occasionally more talkative or social.
Do you find yourself bringing home "friends" that your parents have never seen before? How often does this happen? Do people comment that you are "the most popular" person at the party? Do you begin conversations with people you have never met? (e.g., at the mall, do you go up and talk to just anyone)? Are you the type of person who never met a "stranger"? Are you the "class clown"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- definitely present (e.g., parent reprimands child 3 times in one week for talking to strangers).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- (e.g., child puts self in danger, cannot be left unsupervised for fear that the child will leave with strangers; adolescent brings home new acquaintances once a week).

**14. INCREASED PRODUCTIVITY.**

	<b>P</b>	<b>C</b>	<b>S</b>	
Are there times when you start many more projects than you could possibly complete in an hour's time (e.g., go to music lesson, rearrange your bedroom, play two different sports, start and art project)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all- or decreased
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Doubtful- may start two projects at one time
Are there times when you feel that you have to produce more than anyone else (e.g., sell 100 times more Girl Scout cookies than anyone else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- definitely more productive or initiates several projects at the same time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- initiates many projects at the same time with unrealistic or unobtainable goals within the time allotted. Won't stop projects to eat or sleep

**15. DISTRACTIBILITY (Observed or reported by informant)**

	<b>P</b>	<b>C</b>	<b>S</b>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Of doubtful clinical significance.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Present but responds to structuring and repetition.
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?	<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"/>	5 Severe: Impossible to complete interview because of child's inattentiveness.