

## LEVEL 2—Mania—Adult\*

### \* Altman Self-Rating Mania Scale (ASRM)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male  Female

Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual receiving care? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual receiving care? \_\_\_\_\_ hours/week

**Instructions:** On the DSM-5 Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “sleeping less than usual, but still having a lot of energy” and/or “starting lots more projects than usual or doing more risky things than usual” at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail.

1. **Please read each group of statements/question carefully.**
2. Choose the one statement in each group that best describes the way you (the individual receiving care) have been feeling for **the past week**.
3. Check the box (✓ or x) next to the number/statement selected.
4. **Please note:** The word “occasionally” when used here means once or twice; “often” means several times or more and “frequently” means most of the time.

		Clinician Use
Question 1		Item score
<input type="checkbox"/> 1	I do not feel happier or more cheerful than usual.	
<input type="checkbox"/> 2	I occasionally feel happier or more cheerful than usual.	
<input type="checkbox"/> 3	I often feel happier or more cheerful than usual.	
<input type="checkbox"/> 4	I feel happier or more cheerful than usual most of the time.	
<input type="checkbox"/> 5	I feel happier or more cheerful than usual all of the time.	
Question 2		
<input type="checkbox"/> 1	I do not feel more self-confident than usual.	
<input type="checkbox"/> 2	I occasionally feel more self-confident than usual.	
<input type="checkbox"/> 3	I often feel more self-confident than usual.	
<input type="checkbox"/> 4	I frequently feel more self-confident than usual.	
<input type="checkbox"/> 5	I feel extremely self-confident all of the time.	
Question 3		
<input type="checkbox"/> 1	I do not need less sleep than usual.	
<input type="checkbox"/> 2	I occasionally need less sleep than usual.	
<input type="checkbox"/> 3	I often need less sleep than usual.	
<input type="checkbox"/> 4	I frequently need less sleep than usual.	
<input type="checkbox"/> 5	I can go all day and all night without any sleep and still not feel tired.	
Question 4		
<input type="checkbox"/> 1	I do not talk more than usual.	
<input type="checkbox"/> 2	I occasionally talk more than usual.	
<input type="checkbox"/> 3	I often talk more than usual.	
<input type="checkbox"/> 4	I frequently talk more than usual.	
<input type="checkbox"/> 5	I talk constantly and cannot be interrupted.	
Question 5		
<input type="checkbox"/> 1	I have not been more active (either socially, sexually, at work, home, or school) than usual.	
<input type="checkbox"/> 2	I have occasionally been more active than usual.	
<input type="checkbox"/> 3	I have often been more active than usual.	
<input type="checkbox"/> 4	I have frequently been more active than usual.	
<input type="checkbox"/> 5	I am constantly more active or on the go all the time.	
<b>Total/Partial Raw Score:</b>		
<b>Prorated Total Raw Score:</b>		