

To be completed by examiner

Examiner ID: \_\_\_\_\_

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

Assignment ID: \_\_\_\_\_

## CBRF Pilot Parent Form A

For Pearson Office Use Only

EEID: \_\_\_\_\_

TEID: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Relationship to the Child: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Name of Child Being Rated: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Child's Sex: ☐ Female ☐ Male

Dear Parent/Guardian:

Thank you for helping us with this project. This booklet contains questions and statements about children's behavior, emotions, and family background. For each question and statement, choose the answer that best describes your child. Please be as honest as you can when answering each statement. There are no right or wrong answers. Please note that your responses will not be used in any evaluation of your child. Rather, we are only using your responses to try to improve the questions and statements contained in this booklet.

If there are any words in the statements or questions that are unclear, please circle them like this:

Others cannot					
168. Is more assertive some times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
than others					
169. No longer enjoys things that					

If an entire statement or question is unclear, please circle the number next to the statement or question like this:

Get own way					
183. Gets absorbed in a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Gets angry when certain people					

If you have any questions, please contact the person who gave you this form. Thank you again for your participation.

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**Instructions:** Please respond carefully to each of the following questions about your child's family history. We realize some of these questions are very personal in nature, but they are important in helping us make the best possible test. Also, you might be unfamiliar with some of the words that are used, unless you have heard them from a doctor or other professional. Just do your best to answer each question.

**1. Has this child been diagnosed with the following conditions (mark all that apply)?**

- ☐ Anxiety
 ☐ Depression
 ☐ Borderline personality disorder
 ☐ Schizophrenia  
☐ Psychopathy
 ☐ Explosive disorder
 ☐ Oppositional defiant disorder
 ☐ Conduct disorder  
☐ Attention deficit-hyperactivity disorder (ADHD)
 ☐ My child has never received any of these diagnoses

	Mark all that apply							
	Child	Child's Mother	Child's Father	Child's Brother(s)	Child's Sister(s)	Child's Aunt/Uncle/Grandparent (Mother's side)	Child's Aunt/Uncle/Grandparent (Father's side)	Child's Cousin
<b>2. Has any family member ever:</b>								
(a) been diagnosed with bipolar disorder or manic depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) been diagnosed with dysthymia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) had a nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) been admitted to a psychiatric hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) been diagnosed with an alcohol problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) been diagnosed with an illegal drug addiction or problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) died by suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) been prescribed lithium (a type of medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has this child ever:	No	Yes	4. Has this child ever:	No	Yes
(a) been prescribed Ritalin®, Adderall®, or Concerta®	<input type="checkbox"/>	<input type="checkbox"/>	(a) researched how to kill him/herself	<input type="checkbox"/>	<input type="checkbox"/>
(b) been prescribed Wellbutrin®, Strattera®, Kapvay™, or Intuniv®	<input type="checkbox"/>	<input type="checkbox"/>	(b) had a friend that attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
(c) taken any medicine for depression	<input type="checkbox"/>	<input type="checkbox"/>	(c) had a friend that died by suicide	<input type="checkbox"/>	<input type="checkbox"/>
(d) taken any medicine to reduce irritability	<input type="checkbox"/>	<input type="checkbox"/>	(d) admired a celebrity or other person that died by suicide	<input type="checkbox"/>	<input type="checkbox"/>
(e) taken any medicine to control aggressive or violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	(e) had a recent traumatic event	<input type="checkbox"/>	<input type="checkbox"/>
(f) become hyperactive or too energized after taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	(f) been arrested or taken into custody by the police	<input type="checkbox"/>	<input type="checkbox"/>
(g) attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	(g) been given more than one mental health or behavioral diagnosis by different doctors	<input type="checkbox"/>	<input type="checkbox"/>
(h) attempted suicide but was stopped	<input type="checkbox"/>	<input type="checkbox"/>	(h) had a mental health or behavioral diagnosis changed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>
(i) developed a plan to kill him/herself	<input type="checkbox"/>	<input type="checkbox"/>	(i) had doctors disagree about a mental health or behavioral diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
(j) written a suicide note	<input type="checkbox"/>	<input type="checkbox"/>			

**5. Has your child's behavior ever gotten so out of control that he/she had to be physically restrained until he/she calmed down?**

- ☐ No  
☐ Yes (mark each of the following that apply)  
☐ at home ☐ at school  
☐ at an entertainment or sporting event ☐ at another public place  
☐ during a religious ceremony

**6. Has your child's behavior ever gotten so out of control that the police or other law enforcement or security personnel had to be called?**

- ☐ No  
☐ Yes (mark each of the following that apply)  
☐ at home ☐ at school  
☐ at an entertainment or sporting event ☐ at another public place  
☐ during a religious ceremony

**7. Has this child been given a diagnosis by professionals for mental health or behavior problems?**

- ☐ No  
☐ Yes (mark the following)  
☐ by 1 professional ☐ by 2 professionals  
☐ by 3 professionals ☐ by 4 or more professionals

**8. Has this child ever had a period where he/she has:**

(a) had an unusually good mood for no obvious reason that has...

lasted 2–3 days    lasted 4–6 days    lasted 7 days or more    Never

☐
☐
☐
☐

(b) been unusually irritable or grouchy AND hyperactive or too energized for no obvious reason that has...

☐
☐
☐
☐

(c) gotten into an unusually high number of arguments or fights over a duration that has...

☐
☐
☐
☐

(d) been unusually irritable or grouchy AND had low energy levels for no obvious reason that has...

☐
☐
☐
☐

**9. How satisfied are you with your child's home environment in the following areas:**

Not Satisfied    Partly Satisfied    Mostly Satisfied    Very Satisfied

(a) Family support

☐
☐
☐
☐

(b) Work-life balance

☐
☐
☐
☐

(c) Stress level

☐
☐
☐
☐

(d) Relationships with others in the household

☐
☐
☐
☐

(e) Communication with others in the household

☐
☐
☐
☐

**10. My child's behavior makes me treat him/her differently than I want to.**

Strongly Disagree    Disagree    Agree    Strongly Agree

☐
☐
☐
☐

**11. I feel like I have to argue with my child to get him/her to listen to me.**

☐
☐
☐
☐

**12. I feel like I have to be critical to get my child to behave accordingly.**

☐
☐
☐
☐

For the statements that follow, please use the following choices to describe how the statement applies to your child:

- **D** for Daily or almost every day
- **W** for Weekly or a few times a week
- **M** for Monthly or a few times a month
- **Y** for Yearly or a few times a year
- **N** for Never

If you do not understand a word, please circle it. If you do not understand a statement, please circle the number next to it.

	D	W	M	Y	N
1. Has trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feelings change very quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mood quickly goes from happy to sad or sad to happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is happy and restless at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Threatens others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has trouble controlling feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Says negative things about self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Presents ideas that others think are strange or unreal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Breaks things when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Threatens to hurt self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is easily upset, even by little things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels things more intensely than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can't stop eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Says he/she doesn't care about anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is paranoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Thinks other kids are better than him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Makes decisions based on feelings instead of logic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Mood changes quickly for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Gets upset when plans are changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is happy, energetic, and anxious at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries about bad things happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Says he/she feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Hears sounds that are not really there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Cries more than other kids his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Screams when mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Loses temper for no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	D	W	M	Y	N
28. Is easily upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is happy, energetic, and easily angered at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Has trouble listening to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Has a negative view of the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Hears people talking when no one is there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Eats more when sad or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Curses at teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Gets angry for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Tries to hide from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Has either extremely high or low energy, but not in the middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Forgets important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Threatens to kill self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Gets hurt when trying risky things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Says other kids are better than him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Threatens other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Has very strong feelings about most things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Has rapid mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is too tired to do anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Says "I wish I were dead"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Buys things and regrets it later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Is sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Curses at adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Gets mad easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Gets extremely upset when told no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Has extreme mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Engages in favorite activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to next page.

	D	W	M	Y	N
55. Says he/she would be better off dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Makes bad choices when too excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Is very tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Says mean or hateful things to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Works self into a rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Responds appropriately to others' feelings and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Mood changes quickly from happy to sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Fails at things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Talks about killing self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Makes bad decisions when having too much energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Dislikes self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Bullies other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Overreacts when bothered by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Mood is either really happy or sad, not in the middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Complains that nothing ever goes his/her way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Says he/she has no reason to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Takes risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Is lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Gets into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Is annoyed by almost everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Stays sad for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Has periods of rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Has fun things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Says "No one cares about me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Has lots of energy at times but none at other times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Has a bad temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Yells at others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Has trouble falling asleep even when tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Is happy and angry at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Is left out of activities by friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Says he/she will never be happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Is viewed as "the life of the party"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	D	W	M	Y	N
87. Says things won't get better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Yells when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Is easily bothered by things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Has feelings of greatness that are followed by negative views of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Is angry most of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Feels life is not worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Tries to get friends to do something risky or dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Says "I wish I could just go away"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Hits people when mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Gets very angry at others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Acts as if he/she is very powerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Is grumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Has dreams about killing self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Sticks with projects much longer than others the same age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Is more social during some times than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Wakes up too early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Throws things when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Is annoyed by things at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Presents self as great or terrible, not just average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Feels bad about something at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Has difficulty controlling thoughts about suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Is unable to focus when his/her energy level is high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Complains about school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Hurts other kids when mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Is annoyed by other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Self-esteem is high or low, not average or in the middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Says "I never have fun anymore"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Says "I would never kill myself because it would hurt the people I love"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Says "I wish I could turn my mind off"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Hits adults when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Lets others know when he/she is mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	D	W	M	Y	N
119. Says he/she doesn't really care about anyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Says "No one understands me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Says "I wish I could go to sleep and never wake up"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Seems to have fast thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Doesn't want to spend time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Slams doors when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Says "I should be in charge"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Gets less sleep than usual but does not seem tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Says "I wish I were younger" or "I wish I were older"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. Says he/she can't stop thinking about suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Has fun at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. Breaks furniture when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Quickly becomes enraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Prefers to wake up early in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Makes others do things his/her way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Is perceived by others as weird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Has a low energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Openly shows feelings to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Is impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Stays up late rearranging his/her room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Gets in trouble at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Cuts or burns self to relieve stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Talks about people or pets that have died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Feels good about self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Acts silly after getting little sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Enjoys being around peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. Offers many great ideas all at once	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Says something is his/her fault even when it isn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. Is confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. Talks so fast that he/she is hard to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. Has fun with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. Has a hard time coping with everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Says "I should be punished"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. Calls other people losers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	D	W	M	Y	N
153. At times is quiet and other times is very talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. Argues with parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Acts in ways that harm self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. Says that school is too hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. Says that no one can tell him/her what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. Brags when he/she wins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. Misses school to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. Says "Others would be better off without me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161. Says that he/she feels guilty about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162. Mouth seems to be driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163. Is a fast thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164. Is rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. Is tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. Misses a favorite activity to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. Is able to connect ideas that others cannot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Gets sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. No longer enjoys things that he/she used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170. Feels smarter than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. Is obsessed with death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Says "I don't feel like doing anything"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Feels taken advantage of by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Offers one really big idea right after another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175. Shows stronger feelings about things than his/her peers do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176. Tries to get even with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Seems to forget the point of his/her story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178. Is easily angered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. Is sometimes very decisive and sometimes very indecisive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Has difficulty controlling his/her anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Has a bad temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Gets angry when he/she doesn't get own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Is angered by other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Gets angry when certain people are around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185. Has no energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Stays angry for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to next page.

187. Does your child have long stretches (many days) during which he/she has changes in his/her sleep patterns?

**Yes** ☐ **No** ☐

If **yes**, please answer the following.

During these long stretches, does your child...

	Yes	No
(a) act sillier or goofier than usual	<input type="checkbox"/>	<input type="checkbox"/>
(b) become unusually happy or joyful	<input type="checkbox"/>	<input type="checkbox"/>
(c) become much more confident	<input type="checkbox"/>	<input type="checkbox"/>
(d) think he/she is special	<input type="checkbox"/>	<input type="checkbox"/>
(e) try to take charge of things	<input type="checkbox"/>	<input type="checkbox"/>
(f) become more irritable or touchy	<input type="checkbox"/>	<input type="checkbox"/>
(g) get angry easily	<input type="checkbox"/>	<input type="checkbox"/>
(h) have mood swings	<input type="checkbox"/>	<input type="checkbox"/>
(i) have tantrums or rages	<input type="checkbox"/>	<input type="checkbox"/>
(j) need less sleep	<input type="checkbox"/>	<input type="checkbox"/>
(k) get less sleep but not seem tired	<input type="checkbox"/>	<input type="checkbox"/>
(l) talk faster than usual	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
(m) talk so fast that it is hard to follow	<input type="checkbox"/>	<input type="checkbox"/>
(n) have trouble putting ideas into words	<input type="checkbox"/>	<input type="checkbox"/>
(o) feel like his/her brain is working faster	<input type="checkbox"/>	<input type="checkbox"/>
(p) get distracted more easily than usual	<input type="checkbox"/>	<input type="checkbox"/>
(q) have more trouble staying focused than usual	<input type="checkbox"/>	<input type="checkbox"/>
(r) have a lot more energy than usual	<input type="checkbox"/>	<input type="checkbox"/>
(s) work on projects a lot longer than usual	<input type="checkbox"/>	<input type="checkbox"/>
(t) become more creative	<input type="checkbox"/>	<input type="checkbox"/>
(u) become more impulsive	<input type="checkbox"/>	<input type="checkbox"/>
(v) take more risks	<input type="checkbox"/>	<input type="checkbox"/>
(w) get into more trouble	<input type="checkbox"/>	<input type="checkbox"/>
(x) seem more interested in sex	<input type="checkbox"/>	<input type="checkbox"/>

188. Does your child have long stretches (many days) during which he/she has unusually high energy levels?

**Yes** ☐ **No** ☐

If **yes**, please answer the following.

During these long stretches, does your child...

	Yes	No
(a) act sillier or goofier than usual	<input type="checkbox"/>	<input type="checkbox"/>
(b) become unusually happy or joyful	<input type="checkbox"/>	<input type="checkbox"/>
(c) become much more confident	<input type="checkbox"/>	<input type="checkbox"/>
(d) think he/she is special	<input type="checkbox"/>	<input type="checkbox"/>
(e) try to take charge of things	<input type="checkbox"/>	<input type="checkbox"/>
(f) become more irritable or touchy	<input type="checkbox"/>	<input type="checkbox"/>
(g) get angry easily	<input type="checkbox"/>	<input type="checkbox"/>
(h) have mood swings	<input type="checkbox"/>	<input type="checkbox"/>
(i) have tantrums or rages	<input type="checkbox"/>	<input type="checkbox"/>
(j) need less sleep	<input type="checkbox"/>	<input type="checkbox"/>
(k) get less sleep but not seem tired	<input type="checkbox"/>	<input type="checkbox"/>
(l) talk faster than usual	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
(m) talk so fast that it is hard to follow	<input type="checkbox"/>	<input type="checkbox"/>
(n) have trouble putting ideas into words	<input type="checkbox"/>	<input type="checkbox"/>
(o) feel like his/her brain is working faster	<input type="checkbox"/>	<input type="checkbox"/>
(p) get distracted more easily than usual	<input type="checkbox"/>	<input type="checkbox"/>
(q) have more trouble staying focused than usual	<input type="checkbox"/>	<input type="checkbox"/>
(r) work on projects a lot longer than usual	<input type="checkbox"/>	<input type="checkbox"/>
(s) become more creative	<input type="checkbox"/>	<input type="checkbox"/>
(t) become more impulsive	<input type="checkbox"/>	<input type="checkbox"/>
(u) take more risks	<input type="checkbox"/>	<input type="checkbox"/>
(v) get into more trouble	<input type="checkbox"/>	<input type="checkbox"/>
(w) seem more interested in sex	<input type="checkbox"/>	<input type="checkbox"/>

189. Does your child have long stretches (many days) during which his/her mood changes dramatically?

**Yes** **No**

☐ ☐

If **yes**, please answer the following.

During these long stretches, does your child...

	Yes	No
(a) act sillier or goofier than usual	<input type="checkbox"/>	<input type="checkbox"/>
(b) become unusually happy or joyful	<input type="checkbox"/>	<input type="checkbox"/>
(c) become much more confident	<input type="checkbox"/>	<input type="checkbox"/>
(d) think he/she is special	<input type="checkbox"/>	<input type="checkbox"/>
(e) try to take charge of things	<input type="checkbox"/>	<input type="checkbox"/>
(f) become more irritable or touchy	<input type="checkbox"/>	<input type="checkbox"/>
(g) get angry easily	<input type="checkbox"/>	<input type="checkbox"/>
(h) have tantrums or rages	<input type="checkbox"/>	<input type="checkbox"/>
(i) need less sleep	<input type="checkbox"/>	<input type="checkbox"/>
(j) get less sleep but not seem tired	<input type="checkbox"/>	<input type="checkbox"/>
(k) talk faster than usual	<input type="checkbox"/>	<input type="checkbox"/>
(l) talk so fast that it is hard to follow	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
(m) have trouble putting ideas into words	<input type="checkbox"/>	<input type="checkbox"/>
(n) feel like his/her brain is working faster	<input type="checkbox"/>	<input type="checkbox"/>
(o) get distracted more easily than usual	<input type="checkbox"/>	<input type="checkbox"/>
(p) have more trouble staying focused than usual	<input type="checkbox"/>	<input type="checkbox"/>
(q) have a lot more energy than usual	<input type="checkbox"/>	<input type="checkbox"/>
(r) work on projects a lot longer than usual	<input type="checkbox"/>	<input type="checkbox"/>
(s) become more creative	<input type="checkbox"/>	<input type="checkbox"/>
(t) become more impulsive	<input type="checkbox"/>	<input type="checkbox"/>
(u) take more risks	<input type="checkbox"/>	<input type="checkbox"/>
(v) get into more trouble	<input type="checkbox"/>	<input type="checkbox"/>
(w) seem more interested in sex	<input type="checkbox"/>	<input type="checkbox"/>

190. My child...

Happens almost all the time or often

Not common, but happens sometimes

Rarely or never happens

(a) is extremely irritable and difficult to soothe

☐

☐

☐

(b) has episodes of explosive behavior

☐

☐

☐

(c) has too much energy

☐

☐

☐

(d) does not become as tired as other children the same age

☐

☐

☐

For the remaining items, circle the response that best describes your child:

191. When your child has a lot of energy, how high does it get?

a) Barely notice a change

b) Slightly more than usual

c) More than usual, but not too much, and it does not cause problems

d) More than usual, is sometimes too much, and sometimes causes problems

e) More than usual, is too much, and often causes problems

f) Very high, causes out-of-control behavior that is very hard to calm



192. When your child has unusually high energy, how long does it last?
- a) A few minutes or less
  - b) An hour or two
  - c) Much of the day for a few days
  - d) Up to a week
  - e) More than a week, including weekdays and weekends
  - f) Up to a month
  - g) More than a month
193. When your child has unusually low energy, how low does it get?
- a) Barely notice a change
  - b) Slightly less than usual
  - c) Less than usual, but not too much less, and it does not cause problems
  - d) Less than usual, is sometimes too low, and sometimes causes problems
  - e) Less than usual, is too low, and often causes problems
  - f) Very low; is so low that he/she cannot function, and he/she often stays in bed
194. When your child has energy swings (high to low or low to high), how much does his/her energy level change?
- a) Barely notice a change
  - b) Slightly more up or down than usual
  - c) Some ups and downs, but not too much and it does not cause problems
  - d) Large energy swings that sometimes cause problems
  - e) Large energy swings that often cause problems
  - f) Very large energy swings that might include rage, mania, or euphoria, and he/she is not able to function
195. When your child's energy starts to swing up and down, how long does the up-and-down energy last?
- a) A few minutes
  - b) An hour or two
  - c) Much of the day for a few days
  - d) Up to a week
  - e) More than a week, including weekdays and weekends
  - f) Up to a month
  - g) More than a month

You are now done.  
Thank you for helping us with this project!