



LAUREN OZBOLT M.D.
ADULT AND ADOLESCENT PSYCHIATRIST



Child's name

Date of Birth
(mm/dd/yy)

Case # / ID #

INSTRUCTIONS

The following questions concern your child's mood and behavior in the **past month**. Please place a check mark or an "X" in a box for each item. Please consider it a problem if it is **causing trouble** and is beyond what is normal for your child's age. Otherwise, check

<i>Does your child . . .</i>	NEVER/ RARELY	SOMETIMES	OFTEN	VERY OFTEN	
1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
2. Feel irritable, cranky, or mad for hours or days . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
3. Think that he or she can be anything or do anything (e.g., leader, best basket ball player, rap . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
4. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
5. Need less sleep than usual; yet does not feel tired . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
6. Have periods of too much . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
7. Have periods when she or he talks too much or too . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
8. Have periods of racing thoughts that his or her mind cannot slow down, and it seems that your . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
9. Talk so fast that he or she jumps from topic . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
10. Rush around doing things . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
11. Have trouble staying on track and is easily drawn . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
12. Do many more things than usual, or is unusually . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
13. Behave in a sexually inappropriate way (e.g., talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
14. Go and talk to strangers inappropriately, is more . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____

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CMRS-P 2

<i>Does your child . . .</i>	NEVER	SOMETIMES	OFTEN	VERY OFTEN	
15. Do things that are unusual for him or her that are foolish or risky (e.g., jumping off heights,	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
16. Have rage attacks, intense and prolonged temper	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
17. Crack jokes or pun more than usual, laugh loud,	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
18. Experience rapid mood	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
19. Have any suspicious or strange	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
20. Hear voices that nobody else	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____
21. See things that nobody else	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____



Please send comments to:
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