



Mood Regulation Symptom Rating Scale

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

Completed by: _____ Self Parent Other: _____

Is the patient currently: on medication for mood regulation not on medication not sure? in counseling

Circle the number on the rating scale that corresponds to how much the described symptoms apply to your child/yourself.

Symptoms	Rating Scale											
	Not at all		A little			Pretty much		Very much		Couldn't be worse		
<input type="checkbox"/> Elevated mood. May include the following symptoms: driven, high energy, never stops, silliness, severe mood swings	0	1	2	3	4	5	6	7	8	9	10	1
<input type="checkbox"/> Irritable mood. May include the following symptoms: intense anger, temper tantrums, aggression, poor frustration tolerance, rage episodes	0	1	2	3	4	5	6	7	8	9	10	2
<input type="checkbox"/> Self-centered. May include the following symptoms: grandiose, bossy, entitled, unaware of others feelings, believes they are always right, believes nothing can hurt them, believes they are better than others	0	1	2	3	4	5	6	7	8	9	10	3
<input type="checkbox"/> Sleep problems. May include the following symptoms: trouble getting to sleep, wakes frequently, naps during the day, gets to sleep late and wakes early	0	1	2	3	4	5	6	7	8	9	10	4
<input type="checkbox"/> Talkative. May include the following symptoms: talks constantly, interrupts others, chatterbox	0	1	2	3	4	5	6	7	8	9	10	5
<input type="checkbox"/> Racing thoughts. May include the following symptoms: thinks faster than can speak, goes from topic to topic, mind is going 100 miles per hour	0	1	2	3	4	5	6	7	8	9	10	6
<input type="checkbox"/> Poor concentration. May include the following symptoms: can't focus, short attention span, poor listening, easily distracted	0	1	2	3	4	5	6	7	8	9	10	7
<input type="checkbox"/> Agitation. May include the following symptoms: restless, hyperactive, can't relax	0	1	2	3	4	5	6	7	8	9	10	8
<input type="checkbox"/> Increased involvement in high-risk activities. May include the following symptoms: hypersexual, fascination with sex, alcohol/drug use	0	1	2	3	4	5	6	7	8	9	10	9
<input type="checkbox"/> Impulsivity. May include the following symptoms: suicidal gestures, self-harm, running away, poor judgment, sneaky, acting without thinking, not learning from consequences	0	1	2	3	4	5	6	7	8	9	10	10
<input type="checkbox"/> Symptom duration and impact on overall functioning. Symptoms have been of serious concern for (circle the appropriate time period): <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-3 mos <input type="checkbox"/> 3-6 mos <input type="checkbox"/> 6-12 mos <input type="checkbox"/> 12-24 mos <input type="checkbox"/> >2 years	Symptoms impair function at home										11	
	Symptoms impair function at school or work										12	

For office use only:

Symptom score (1-10): _____/100

Impairment score (11-12): _____/20