

PEDIATRIC MANIA SYMPTOM CHECKLIST

Please rate the extent to which each of the following has been a problem for the child in the past week:
Composite rating is based on frequency and severity. (Revised 8/2003)

	FREQUENCY				SEVERITY				COMPOSITE			
	0 0 < 3 days/week	1 > 4 days/week	2 Daily	3 Many or every day	0 None	1 Mild	2 Moderate	3 Severe	0 None	1 Mild	2 Moderate	3 Severe
MOOD STATE: EUPHORIA												
Felt or acted excessively good, high, excited or hyper in a way that was not appropriate for his/her age												
Laughed without explanation or excessively												
Had silly, goofy, or giddy moods in a way that was not appropriate for his/her age												
MOOD STATE: IRRITABILITY												
Experienced explosive anger												
Experienced irritability (was angry, cranky, grouchy)												
GRANDIOSITY												
Felt especially self-confident or overestimated own ability												
Felt stronger than most people or acted as if this were so												
Felt smarter than most people or acted as if this were so												
Refused to comply with household or school rules												
Was especially defiant with adults												
Felt especially powerful or acted as if this were so												
DECREASED NEED FOR SLEEP												
Needed few hours of sleep per night, as compared to peers or self												
Did not feel tired even when sleeping less												

