

Elevated Mood
Parent/Guardian of Child Age 6–17

Child's Name: _____ Age: _____ Sex: Male Female Date: _____

What is your relationship with the child receiving care? _____

Instructions to parent/guardian:

1. Please read each group of statements/question carefully.
2. Choose the one statement in each group that best describes the way your child has 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	He/she does not feel happier or more cheerful than usual.	
<input type="checkbox"/> 2	He/she occasionally feels happier or more cheerful than usual.	
<input type="checkbox"/> 3	He/she often feels happier or more cheerful than usual.	
<input type="checkbox"/> 4	He/she feels happier or more cheerful than usual most of the time.	
<input type="checkbox"/> 5	He/she feels happier of more cheerful than usual all of the time.	
Question 2		
<input type="checkbox"/> 1	He/she does not feel more self-confident than usual.	
<input type="checkbox"/> 2	He/she occasionally feels more self-confident than usual.	
<input type="checkbox"/> 3	He/she often feels more self-confident than usual.	
<input type="checkbox"/> 4	He/she frequently feels more self-confident than usual.	
<input type="checkbox"/> 5	He/she feels extremely self-confident all of the time.	
Question 3		
<input type="checkbox"/> 1	He/she does not need less sleep than usual.	
<input type="checkbox"/> 2	He/she occasionally needs less sleep than usual.	
<input type="checkbox"/> 3	He/she often needs less sleep than usual.	
<input type="checkbox"/> 4	He/she frequently needs less sleep than usual.	
<input type="checkbox"/> 5	He/she can go all day and all night without any sleep and still not feel tired.	
Question 4		
<input type="checkbox"/> 1	He/she does not talk more than usual.	
<input type="checkbox"/> 2	He/she occasionally talks more than usual.	
<input type="checkbox"/> 3	He/she often talks more than usual.	
<input type="checkbox"/> 4	He/she frequently talks more than usual.	
<input type="checkbox"/> 5	He/she talks constantly and cannot be interrupted.	
Question 5		
<input type="checkbox"/> 1	He/she has not been more active (either socially, sexually, at work, home, or school) than usual.	
<input type="checkbox"/> 2	He/she has occasionally been more active than usual.	
<input type="checkbox"/> 3	He/she has often been more active than usual.	
<input type="checkbox"/> 4	He/she has frequently been more active than usual.	
<input type="checkbox"/> 5	He/she is constantly more active or on the go all the time.	
		Total/Partial Raw Score:
		Prorated Total Raw Score: (if 1 item left unanswered)