The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5-TR. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at http://www.dsm5.org/Pages/Feedback-Form.aspx.

Measure: LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale [ASRM])
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LEVEL 2—Mania—Adult[*]
[*]Altman Self-Rating Mania Scale (ASRM)

Name: _____ **Age:** ____ **Date:** _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5-TR Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by "sleeping less than usual, but still having a lot of energy" and/or "starting lots more projects than usual or doing more risky things than usual" at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail.

1. **Please read each group of statements/question carefully.**
2. Choose the one statement in each group that best describes the way you (the individual receiving care) have 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**
❑	1	I do not feel happier or more cheerful than usual.	
❑	2	I occasionally feel happier or more cheerful than usual.	
❑	3	I often feel happier or more cheerful than usual.	
❑	4	I feel happier or more cheerful than usual most of the time.	
❑	5	I feel happier of more cheerful than usual all of the time.	
Question 2			
❑	1	I do not feel more self-confident than usual.	
❑	2	I occasionally feel more self-confident than usual.	
❑	3	I often feel more self-confident than usual.	
❑	4	I frequently feel more self-confident than usual.	
❑	5	I feel extremely self-confident all of the time.	
Question 3			
❑	1	I do not need less sleep than usual.	
❑	2	I occasionally need less sleep than usual.	
❑	3	I often need less sleep than usual.	
❑	4	I frequently need less sleep than usual.	
❑	5	I can go all day and all night without any sleep and still not feel tired.	
Question 4			
❑	1	I do not talk more than usual.	
❑	2	I occasionally talk more than usual.	
❑	3	I often talk more than usual.	
❑	4	I frequently talk more than usual.	
❑	5	I talk constantly and cannot be interrupted.	
Question 5			
❑	1	I have not been more active (either socially, sexually, at work, home, or school) than usual.	
❑	2	I have occasionally been more active than usual.	
❑	3	I have often been more active than usual.	
❑	4	I have frequently been more active than usual.	
❑	5	I am constantly more active or on the go all the time.	
		Total/Partial Raw Score:	
		Prorated Total Raw Score:	

Instructions to Clinicians

The DSM-5-TR Level 2—Mania—Adult measure is the Altman Self-Rating Mania Scale. The ASRM is a 5-item self-rating mania scale designed to assess the presence and/or severity of manic symptoms. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual's manic symptoms **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 1 to 5) with the response categories having different anchors depending on the item. The ASRM score range from 5 to 25 with higher scores indicating greater severity of manic symptoms. The clinician is asked review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use". The raw scores on the 5 items should be summed to obtain a total raw score and should be interpreted using the Interpretation Table for the ASRM below:

Interpretation Table for the ASRM

- A score of 6 or higher indicates a high probability of a manic or hypomanic condition
- A score of 6 or higher may indicate a need for treatment and/or further diagnostic workup
- A score of 5 or lower is less likely to be associated with significant symptoms of mania

Note: If 2 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing) the scores should not be used. As such, the individual (or informant) should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the ASRM (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e.,4).

Prorated score =   (Partial Raw Score x number of items on the ASRM)
                      Number of items that were actually answered

If the result is a fraction, round to the nearest whole number.

The prorated total raw score should be interpreted using the Interpretation Table for the ASRM above.

Frequency of Use

To track change in the severity of the individual's manic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the patient that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.