

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—Child Age 11–17 (Altman Self-Rating Mania Scale [ASRM])

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**LEVEL 2—Mania—Child Age 11–17\***  
**\*Altman Self-Rating Mania Scale (ASRM)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions to the child:** On the DSM-5-TR Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* you have been bothered by “feeling so active that you couldn't settle down” and/or “finding that you didn't sleep a lot at night” 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 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
<input type="checkbox"/> 1	I do not feel happier or more cheerful than usual.	
<input type="checkbox"/> 2	I occasionally feel happier or more cheerful than usual.	
<input type="checkbox"/> 3	I often feel happier or more cheerful than usual.	
<input type="checkbox"/> 4	I feel happier or more cheerful than usual most of the time.	
<input type="checkbox"/> 5	I feel happier of more cheerful than usual all of the time.	
Question 2		
<input type="checkbox"/> 1	I do not feel more self-confident than usual.	
<input type="checkbox"/> 2	I occasionally feel more self-confident than usual.	
<input type="checkbox"/> 3	I often feel more self-confident than usual.	
<input type="checkbox"/> 4	I frequently feel more self-confident than usual.	
<input type="checkbox"/> 5	I feel extremely self-confident all of the time.	
Question 3		
<input type="checkbox"/> 1	I do not need less sleep than usual.	
<input type="checkbox"/> 2	I occasionally need less sleep than usual.	
<input type="checkbox"/> 3	I often need less sleep than usual.	
<input type="checkbox"/> 4	I frequently need less sleep than usual.	
<input type="checkbox"/> 5	I can go all day and all night without any sleep and still not feel tired.	
Question 4		
<input type="checkbox"/> 1	I do not talk more than usual.	
<input type="checkbox"/> 2	I occasionally talk more than usual.	
<input type="checkbox"/> 3	I often talk more than usual.	
<input type="checkbox"/> 4	I frequently talk more than usual.	
<input type="checkbox"/> 5	I talk constantly and cannot be interrupted.	
Question 5		
<input type="checkbox"/> 1	I have not been more active (either socially, sexually, at work, home, or school) than usual.	
<input type="checkbox"/> 2	I have occasionally been more active than usual.	
<input type="checkbox"/> 3	I have often been more active than usual.	
<input type="checkbox"/> 4	I have frequently been more active than usual.	
<input type="checkbox"/> 5	I am constantly more active or on the go all the time.	
<b>Total/Partial Raw Score:</b>		
<b>Prorated Total Raw Score: (if 1 item left unanswered)</b>		

## Instructions to Clinicians

The DSM-5-TR Level 2—Mania—Child Age 11–17 is the Altman Self-Rating Mania Scale (ASRM). The ASRM is a 5-item self-rating mania scale designed to assess the presence and/or severity of manic symptoms in children and adolescents. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her mania symptom **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 ranges from 5 to 25 with higher scores indicating greater severity of mania symptoms. The clinician is asked to review the score of 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 total scores should not be calculated. Therefore, the child 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 the 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).

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the ASRM})}{\text{Number of items that were actually answered}}$$

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 child’s manic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.