

Clinician-Administered Rating Scale For Mania (CARS-M)

PATIENT _____

DATE _____

RATER(S) _____

SUBSCALE 1 SCORE (ITEMS 1-10): _____

SUBSCALE 2 SCORE (ITEMS 11-15): _____

TOTAL SCORE: _____

Note: In completing this scale, information may be obtained, not only from the patient interview, but also from reliable collateral sources, including: family, nursing staff, hospital records, etc. In general, the time period for assessing symptoms should be the last seven days, but may be longer if required.

1. Elevated/Euphoric Mood (Inappropriate optimism about the present or future which lasted at least several hours and was out of proportion to the circumstances.)

0	Absent
1	Slight, e.g., good spirits, more cheerful than others, of questionable clinical significance.
2	Mild, but definitely elevated or expansive mood, overly optimistic and somewhat out of proportion to one's circumstances.
3	Moderate, mood and outlook clearly out of proportion to circumstances.
4	Severe, clear quality of euphoric mood.
5	Extreme, clearly exhausted, extreme feelings of well being, inappropriate laughter and/or singing.

- Have there been times in the past week/month when you felt unusually good, cheerful, or happy?
- Did you feel as if everything would turn out just the way you wanted?
- Is this different from your normal mood? How long did it last?

2. Irritability/Aggressiveness: (Has recently demonstrated, inside or outside of the interview, overt expression of anger, irritability, or annoyance. Do not include mere subjective feelings of anger/annoyance, unless expressed overtly.)

0	Absent
1	Slight, occasional annoyance, questionable clinical significance.
2	Mild somewhat argumentative, quick to express annoyance with patients, staff or interviewer, occasionally irritable during interview.
3	Moderate, often swears, loses temper, threatening, excessive irritation around certain topics, room seclusion may be required, frequently irritable during interview.
4	Severe, occasionally assaultive, may throw objects, damage property, limit setting necessary, excessive and inappropriate irritation, restraints may be required, interview had to be stopped due to excessive irritability.
5	Extreme, episodes of violence against persons or objects, physical restraint required.

- How have you been getting along with people in general?
- Have you been feeling irritable or angry? How much of the time?
- Have you been involved in any arguments or fights? How often?

3. Hypermotor Activity (Has recently demonstrated, inside or outside of the interview, manifestations of generalized motor hyperactivity. Do not include mere subjective feelings of restlessness - not medication related.)

0	Absent
1	Slight increase, of doubtful clinical significance.
2	Mild, occasional pacing, unable to sit quietly in chair
3	Moderate, frequent pacing on unit, unable to remain seated.
4	Marked, almost constant moving or pacing about.
5	Extreme, continuous signs of hyperactivity such that the patient must be restrained to avoid exhaustion.

- Have there been times when you were unable to sit still or times when you had to be moving or pacing back and forth?

4. Pressured Speech (Accelerated, pressured, or increased amount and rate of speech, inside or outside of the interview.)

0	Absent
1	Slight increase, of doubtful clinical significance.
2	Mild, noticeably more verbose than normal, but conversation is not strained.
3	Moderate, so verbose that conversation is strained; some difficulty interrupting patient's speech.
4	Marked, patient's conversation is so rapid that conversation is difficult to maintain, markedly difficult to interrupt speech.
5	Extreme, speech is so rapid or continuous that patient cannot be interrupted.

5. Flight of Ideas/Racing Thoughts (Accelerated speech with abrupt changes from topic to topic usually based on understandable associations, distracting stimuli, or play on words. When severe, the associations may be so difficult to understand that looseness of association or incoherence may also be present. Racing thoughts refer to the patient's subjective report of having thoughts racing through his mind.)

0	Absent
1	Slight, occasional instances of doubtful clinical significance.
2	Mild, occasional instances of abrupt change in the topic with little impairment in understandable or patient reports occasional racing thoughts.
3	Moderate, frequent instances with some impairment in understandability or patient reports frequent racing thoughts which are disruptive or distressing to the patient.
4	Severe, very frequent instances with definite impairment.
5	Extreme, most of speech consists of rapid changes in topic which are difficult to follow.

- Have you been bothered by having too many thoughts at one time?
- Have you had thoughts racing through your mind? How often? Does it hinder your functioning?

6. Distractibility (Attention is too easily drawn to unimportant or irrelevant external stimuli; i.e., noise in adjoining room, books on a shelf, interviewer's clothing, etc. Exclude distractibility due to intrusions of visual and/or auditory hallucinations or delusions. Rate on the basis of observation only.)

0	Absent
1	Slight, of doubtful clinical significance.
2	Mild, present but does not interfere with task or conversation.
3	Moderate, some interference with conversation or task.
4	Severe, frequent interference with conversation or task.
5	Extreme, unable to focus patient's attention on task or conversation.

7. Grandiosity (Increased self-esteem and unrealistic or inappropriate appraisal of one's worth, value, power, knowledge or abilities.)

0	Absent
1	Slightly increased self-esteem or confidence, but of questionable clinical significance.
2	Mild, definitely inflated self-esteem or exaggeration of abilities somewhat out of proportion to circumstances.
3	Moderate, inflated self-esteem clearly out of proportion to circumstances, borderline delusional intensity.
4	Severe, clear grandiose delusion(s).
5	Extreme, preoccupied with and/or acts on the basis of grandiose delusions.

- Have you felt more self-confident than usual?
- Have you felt that you were a particularly important person or that you had special powers, knowledge, or abilities that were out of the ordinary?
- Is there a special mission or purpose to your life?
- Do you have a special relationship with God?

8. Decreased Need For Sleep (Less need for sleep than usual to feel rested. Do not rate difficulty with initial, middle or late insomnia.)

0	Absent
1	Up to 1 hour less sleep than usual.
2	Up to 2 hours less sleep than usual.
3	Up to 3 hours less sleep than usual.
4	Up to 4 hours less sleep than usual
5	4 or more hours less sleep than usual.

- How much sleep do you ordinarily need?
- Have you needed less sleep than usual to feel rested?
- How much less sleep do/did you need?

9. Excessive Energy (Unusually energetic or more active than usual without expected fatigue, lasting at least several days.)

0	Absent
1	Slightly more energy, of questionable significance.
2	Definite increase in activity level or less fatigued than usual, does not hinder functioning.
3	Clearly more active than usual with little or no fatigue, occasional interference with functioning.
4	Much more active than usual with little fatigue and clear interference with normal functioning.
5	Extreme, active all day long with little or no fatigue or need for sleep.

- Have you had more energy than usual to do things?
- Have you been more active than usual, or had the feeling that you could go all day without feeling tired?

10. Poor Judgment (Excessive involvement in activities without recognizing the high potential for painful consequences; intrusiveness, inappropriate calling of attention to oneself.)

0	Absent
1	Slight, but of questionable clinical significance (i.e., increased phone calling, occasional intrusiveness.)
2	Mild, but definite examples (i.e. somewhat intrusive, sexually provocative, inappropriate singing.)
3	Moderate, assumes tasks or responsibilities without proper training, financial indiscretions, buying sprees within financial limits, frequent intrusiveness.
4	Severe, sexual promiscuity, hypersexuality, extremely intrusive behavior, places self in significant economic difficulty.
5	Extreme, continuous intrusive behavior requiring limit setting, excessive phone calling at all hours, antisocial behavior, excessive involvement in activities without regard to consequences.

- When you were feeling high/irritable, did you do things that caused trouble for you or your family?
- Did you spend money foolishly?
- Did you take on responsibilities for which you were unqualified?

11. Disordered Thinking (Impaired understandability of patient's thoughts as manifested by his/her speech. This may be due to any one or a combination of the following: incoherence, looseness of association(s), neologisms, illogical thinking. Do not rate simple flight of ideas unless severe.)

0	Absent
1	Occasional instances which are of doubtful clinical significance.
2	A few definite instances, but little or no impairment in understandability.
3	Frequent instances and may have some impairment in understandability.
4	Severe, very frequent instances with marked impairment in understandability.
5	Extreme, most or all of speech is distorted, making it impossible to understand what the patient is talking about.

12. Delusions (Fixed false beliefs, ranging from delusional ideas to full delusions - including grandiosity)
Specify Type:_____ Determine if mood-congruent _____ or mood-incongruent_____.

0	Absent
1	Suspected or likely.
2	Definitely present but not fully convicted, including referential or persecutory ideas without full conviction.
3	Definitely present with full conviction but little if any influence on behavior.
4	Delusion has a significant effect upon patient's thoughts, feelings, or behavior (i.e., preoccupied with belief that others are trying to

	harm him/her.)
5	Actions based on delusion have major impact on patient or others (i.e., stops eating due to belief that food is poisoned, strikes others due to beliefs that others are trying to harm him/ her.)

- Have you felt that anyone was trying to harm you or hurt you for no reason? Can you give an example?
- Have you felt as if you were being controlled by an external force or power? (Example?)
- Have you felt as if people on the radio or TV were talking to you, about you, or communicating to you in some special way? (Example.)
- Have you had any (other) strange or unusual beliefs or ideas? (Example.)
- Have these beliefs interfered with your functioning in any way?

13. Hallucinations (A sensory perception without external stimulation of the relevant sensory organ.)

Specify type:_____ Determine if mood-congruent ____or mood-incongruent_____.

0	Absent
1	Suspected or likely.
2	Present, but subject is generally aware that it may be his/her imagination and can ignore it.
3	Definitely present with full conviction, but with little if any influence on behavior.
4	Hallucinations have significant effect on patient's thoughts, feelings, or actions (e.g., locks doors to avoid imaginary pursuers.)
5	Actions based on hallucinations have major impact on patient or others (e.g., patient converses with voices so much that it interferes with normal functioning.)

- Have you heard sounds or voices of people talking when there was no one around? (Example.)
- Have you seen any visions or smelled odors that others don't seem to notice? (Example.)
- Have you had any (other) strange or unusual perceptions? (Example.)
- Have these experiences interfered with your functioning in any way?

14. Orientation (Impairment in recent or remote memory, or disorientation to person, place or time.)

0	Absent
1	Slight impairment but of doubtful clinical significance (i.e., misses date by one day.)
2	Mild, but definite impairment (i.e., unsure about orientation to place or time, or some impairment in a few aspects of recent or remote memory.)
3	Moderate (i.e., confused about where he is or cannot remember many important events in his life.)
4	Severe (disoriented or gross impairment in memory.)
5	Extreme (i.e., thoroughly disoriented to time, place, person and/or is unable to recall numerous important events in his/her life.)

- Have you recently had trouble remembering who you were, the dates or current events?
- Do you know the day of the week, the month, the year, and the name of this place?

15. Insight (The extent to which patient demonstrates an awareness or understanding of their emotional illness, aberrant behavior and/or a corresponding need for psychiatric/psychological treatment.)

0	Insight is present (i.e., patient admits illness, behavior change and
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	need for treatment.)
1	Partial insight is present (i.e., patient feels he/she may possibly be ill or needs treatment, but is unsure.)
2	Patient admits behavior change, illness or need for treatment but attributes it to non delusional or plausible external factors (i.e., marital conflict, job difficulties, stress.)
3	Patient admits behavior change, illness or need for treatment but gives delusional explanations (i.e., being controlled by external forces, dying of cancer, etc.)
4	Complete lack of insight. Patient denies behavior change, illness or need for treatment.

- Do you feel that you currently suffer from emotional or psychological problems of any kind?
- How would you explain your behavior or symptoms?
- Do you currently believe that you may need psychiatric treatment?