

## The 11-Item Altman Self-Rating Mania Scale (ASRM-11)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Scores: 5-item \_\_\_\_\_ 11-item \_\_\_\_\_

### INSTRUCTIONS

1. On this questionnaire are groups of 5 statements. Read each group carefully.
2. Choose the one statement in each group that best describes the way you have been feeling for the past week.
3. Circle the number next to the statement you chose.

**Please Note:** The word “occasionally” when used here means once or twice; “frequently” means several times or more.

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- 1) 0 I do not feel irritable.  
1 I occasionally feel irritable.  
2 I frequently feel irritable, but I can manage it.  
3 I feel irritable most of the time and I cannot manage it.  
4 I feel extremely irritable all the time.
- 2) **0 I do not feel happier or more cheerful than usual.**  
**1 I occasionally feel happier or more cheerful than usual.**  
**2 I frequently feel happier or more cheerful than usual.**  
**3 I feel happier or more cheerful than usual most of the time.**  
**4 I feel happier or more cheerful than usual all the time.**
- 3) 0 My mood does not change quickly from happy to sad or irritable.  
1 My mood occasionally changes from happy to sad or irritable.  
2 My mood frequently changes from happy to sad or irritable.  
3 My mood changes from happy to sad or irritable most of the time.  
4 My mood constantly changes from happy to sad or irritable.

- 4) **0 I do not feel more self-confident than usual.**  
**1 I occasionally feel more self-confident than usual.**  
**2 I frequently feel more self-confident than usual.**  
**3 I feel more self-confident than usual most of the time.**  
**4 I feel extremely self-confident all the time.**
- 5) **0 I do not feel I have special powers, abilities or knowledge.**  
**1 I occasionally feel I have special powers, abilities or knowledge that others do not have.**  
**2 I frequently feel I have special powers, abilities or knowledge that others do not have.**  
**3 I feel I have special powers, abilities or knowledge most of the time.**  
**4 I am convinced I have extraordinary powers, abilities or knowledge that others do not have.**
- 6) **0 I do not need less sleep than usual.**  
**1 I occasionally need less sleep than usual.**  
**2 I frequently need less sleep than usual.**  
**3 I need less sleep than usual most of the time.**  
**4 I can go all day and night without sleep and not feel tired.**
- 7) **0 I do not talk more than usual.**  
**1 I occasionally talk more than usual.**  
**2 I frequently talk more than usual.**  
**3 I talk more than usual most of the time**  
**4 I talk constantly and cannot be interrupted.**
- 8) **0 I do not feel that my thoughts or ideas race through my mind.**  
**1 I occasionally feel that my thoughts or ideas race through my mind.**  
**2 I frequently feel that my thoughts or ideas race through my mind, but I can control them.**  
**3 I feel that my thoughts or ideas race through my mind most of the time and I have difficulty controlling them.**  
**4 My thoughts and ideas race through my mind all the time.**

- 9) 0 I am not distracted by things or events happening around me.  
1 I am occasionally distracted by things or events happening around me.  
2 I am frequently distracted by things or events happening around me.  
3 I am distracted by things or events happening around me most of the time.  
4 I am constantly distracted by things or events happening around me and I cannot concentrate.
- 10) 0 I have not been more active than usual (either socially, sexually, at work, home, or school).**  
**1 I have occasionally been more active than usual.**  
**2 I have frequently been more active than usual.**  
**3 I have been more active than usual most of the time.**  
**4 I am constantly active or on the go all the time.**
- 11) 0 I have not recently been involved in activities which resulted in painful consequences (e.g., buying sprees, reckless driving, public indiscretions).  
1 I have occasionally been involved in activities with painful consequences.  
2 I have frequently been involved in activities with painful consequences.  
3 I have been involved in activities with painful consequences most of the time.  
4 I have repeatedly been involved in activities which resulted in painful consequences and feel that my life is out of control.

**NOTE:** Items 2, 4, 6, 7, 10 (**in bold**) comprise the 5-Item ASRM and can be used to screen for acute mania, assess response to treatment, or to discriminate among major diagnostic groups (Major Depression, Schizophrenia, Schizoaffective Disorders).

Reference: Altman EG, Hedeker D, Peterson JL, Davis JM. The Altman Self-Rating Mania Scale. *Biol Psychiatry* 1997;42:948-955.