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| **Hypomania/Mania Symptoms - Child** | |
| **Protocol Id** | 120401 |
| **Description of Protocol** | The Parent Version of the General Behavior Inventory is a 10 question, parent report instrument based on the original General Behavior Inventory that screens children (less than 18 years old) for symptoms of bipolar disorder over the past year. |
| **Specific Instructions** | For a more detailed assessment of mania/hypomania in children, the PhenX Psychiatric Working Group recommends the National Institute of Mental Health Diagnostic Interview Schedule for Children (DISC). |
| **Protocol Text** | Here are some questions about behaviors that occur in the general population. Think about how often they occur for your child. Using the scale below, select the number that best describes how often your child experienced these behaviors **over the past year**:  **0 Never or Hardly Ever**  **1 Sometimes** **2 Often** **3 Very Often, Almost Constantly**  Keep the following points in mind:  **Frequency:** you may have noticed a behavior as far back as childhood or early teens, or you may have noticed it more recently. In either case, estimate how frequently the behavior has occurred **over the past year.**  For example: if you noticed a behavior when your child was 5, and you have noticed it over the past year, mark your answer "**often**" or "**very often** - **almost constantly**". However, if your child has experienced a behavior during only one isolated period in his/her life, but not outside that period, mark your answer "**never** - **hardly ever**" or "**sometimes**".  **Duration**: many questions require that a behavior occur for an approximate duration of time (for example, "several days or more"). The duration given is a **minimum** duration. If your child usually experiences a behavior for shorter durations, mark the question "**never - hardly ever**" or "**sometimes**".  **Changeability**: what matters is not whether your child can get rid of certain behaviors if he/she has them, but whether these behaviors have occurred at all. So even if your child can get rid of these behaviors, you should mark your answer according to how frequently he/she experiences them.  **Your job, then, is to rate how frequently your child has experienced a behavior, over the past year, for the duration described in the question**. Please read each question carefully, and record your answer next to each question **by placing an "X" in the appropriate box**.   1. Has your child experienced periods of several days or more when, although he/she was feeling unusually happy and intensely energetic (clearly more than your child’s usual self), he/she was also physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Have there been periods of several days or more when your child’s friends or other family members told you that your child seemed unusually happy or high - clearly different from his/her usual self or from a typical good mood?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly  3. Has your child’s mood or energy shifted rapidly back and forth from happy to sad or high to low?  0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Has your child had periods of extreme happiness and intense energy lasting several days or more when he/she also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Have there been times of several days or more when, although your child was feeling unusually happy and intensely energetic (clearly more than his/her usual self), he/she also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Has your child had periods of extreme happiness and intense energy (clearly more than his/her usual self) when, for several days or more, it took him/her over an hour to get to sleep at night?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Have you found that your child’s feelings or energy are generally up or down, but rarely in the middle?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Has your child had periods lasting several days or more when he/she felt depressed or irritable, and then other periods of several days or more when he/she felt extremely high, elated, and overflowing with energy?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Have there been periods when, although your child was feeling unusually happy and intensely energetic, almost everything got on his/her nerves and made him/her irritable or angry (other than related to the menstrual cycle)?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often  3 [ ] Very Often, Almost Constantly   1. Has your child had times when his/her thoughts and ideas came so fast that he/she couldn’t get them all out, or they came so quickly others complained that they couldn’t keep up with your child’s ideas?   0 [ ] Never or Hardly ever  1 [ ] Sometimes  2 [ ] Often,  3 [ ] Very Often, Almost Constantly |
| **Selection Rationale** | Vetted against several other similar protocols, the General Behavior Inventory was selected because it is a well validated, relatively low burden parent-report instrument. |
| **Source** | Youngster, E. A., Frazier, T. W., Demeter, C., Calabrese, J. R., & Findling, R. L. (2008). Developing a 10-item mania scale from the Parent General Behavior Inventory for children and adolescents. *Journal of Clinical Psychiatry,* *69*(5), 831-9. |
| **Language** | English |
| **Participant** | Parent report on a child under 18 years of age. |
| **Personnel and Training Required** | None |
| **Equipment Needs** | None |
| **Standards** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Child Hypomania Assessment Score | 3075434 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3075434&version=1.0) | | Logical Observation Identifiers Names and Codes (LOINC) | Hypomania mania sympts child proto | 62720-8 | [LOINC](http://s.details.loinc.org/LOINC/62720-8.html?sections=Web) | |
| **General References** | American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: Author. |
| **Protocol Type** | Self- or proxy-administered questionnaire |
| **Derived Variables** | None |
| **Requirements** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Average time of greater than 15 minutes in an unaffected individual  Average time of greater than 15 minutes in an unaffected individual | No | | Major equipment  This measure requires a specialized measurement device that may not be readily available in every setting where genome wide association studies are being conducted. Examples of specialized equipment are DEXA, Echocardiography, and Spirometry | No | | Specialized requirements for biospecimen collection  This protocol requires that blood, urine, etc. be collected from the study participants. | No | | Specialized training  This measure requires staff training in the protocol methodology and/or in the conduct of the data analysis. | No | |