

Child's Name: _____
 Form Completed By: _____

Today's Date: _____
 Relationship: _____

Brief Family/Genetic History (do this if you have *not* completed the full page family history)

Please indicate whether any of your child's (blood) relatives have had any of these concerns:						
	Grandparents	Parents	Aunts/Uncles	Brothers/Sisters	Children (if any)	
Suicide	<input type="checkbox"/>					
Alcohol/Drug Problems	<input type="checkbox"/>					
Mental Hospital	<input type="checkbox"/>					
Depression Problems	<input type="checkbox"/>					
Manic or Bipolar	<input type="checkbox"/>					
Has a health professional ever told you that your child has manic-depressive illness or bipolar disorder?					Yes	No
Have your child ever attempted suicide?					Yes	No

**GENERAL BEHAVIOR INVENTORY
 Parent Version (P-GBI-M) Short Form – H/B**

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	1	2	3
Never or Hardly ever	Sometimes	Often	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. Please turn this page over and complete the questions.

0	1	2	3
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Never or
Hardly ever

Sometimes

Often

Very Often
Almost Constantly

0 1 2 3

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?

2. 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?

3. Has your child's mood or energy shifted rapidly back and forth from happy to sad or high to low?

4. 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*)?

5. 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?

6. 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?

7. Have you found that your child's feelings or energy are generally up or down, but rarely in the middle?

8. 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?

9. 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*)?

10. 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?

Note: This test is sometimes used prior to considering the use of antidepressant medications. If you are prescribed antidepressants recognize that they can occasionally cause: unusual thoughts, including violent and suicidal ones; irritability; too much energy; and severe sleep problems. Contact your doctor if you think this might be happening to your child after starting antidepressants.