

## SCORING TOOLS

# Altman Self-Rating Scale (ASRM)

### Instructions to Clinicians

The DSM-5 Level 2—Mania—Adult measure is the Altman Self-Rating Mania Scale. The ASRM is a 5-item self rating mania scale designed to assess the presence and/or severity of manic symptoms. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual’s manic symptoms **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 range from 5 to 25 with higher scores indicating greater severity of manic symptoms. The clinician is asked review the score on 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 Information or the ASRM below:

#### Interpreting 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

### Frequency of Use

To track change in the severity of the individual’s manic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the patient that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.