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Case # _____

Youth Outcomes Questionnaire (Y-OQ-30.2)

Purpose: the Y.OQ®-30.2 is designed to describe a wide range of institutions, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the 'Never or a mostly never' category. When you begin to complete the Y.OQ®-30.2 you may see that you can easily make yourself look as healthy or has unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

Directions: Read each sentence carefully. Check the box that most accurately describes the past week. Decide how true this sentence is during the past 7 days. Check only one answer for each statement and erase unwanted marks clearly.

Directions for parents/guardians completing the questionnaire: If your child is under 12, the parent or any responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if they began with "My child, "or "My child's..." rather than "I..." or "My...." It is important that you answer as accurately as possible based on your personal observations and knowledge.

Person Completing Form: Adolescent Parent/Guardian Other

	Never or almost never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Almost Always or Always (4)
1. I have headaches or feel dizzy					
2. I don't participate in activities that used to be fun.					
3. I argue or speak rudely to others.					
4. I have a hard time finishing my assignments or I do them carelessly.					
5. My emotions are strong and change quickly.					
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.					
7. I worry and can't get thoughts out of my head.					
8. I steal or lie.					
9. I have a hard time sitting still (or I have too much energy).					
10. I use alcohol or drugs.					
11. I am tense and scare easily (jumpy).					
12. I am sad or unhappy.					
13. I have a hard time trusting friends, family, or other adults.					
14. I think that others are trying to hurt me even if they are not.					
15. I have threatened to, or have run away from home.					
16. I physically fight with adults.					
17. My stomach hurts or I feel sick more than other kids my age.					
18. I don't have friends or I don't keep friends very long.					
19. I think about suicide or feel that I would be better off dead.					
20. I have nightmares, trouble getting to sleep, oversleep, or wake up too early.					

Measures on this assessment include: PHQ-9, GAD-7, PC-PTSD



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	Never or almost never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Almost Always or Always (4)
21. I complain about or question rules, expectations, or responsibilities.					
22. I break rules, laws, or don't meet others' expectations on purpose.					
23. I feel irritated.					
24. I get angry enough to threaten others.					
25. I get into trouble when I'm bored.					
26. I destroy property on purpose.					
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.					
28. I withdraw from my family and friends.					
29. I act without thinking and don't worry about what will happen.					
30. I feel like I don't have any friends or that no one likes me.					



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CAGE-AID

When thinking about drug use, include illegal drug use and the use of prescription drug other than prescribed.

	Yes	No
1. Have you ever thought that you need to cut down on your drinking and drug use?		
2. Have people annoyed you by criticizing your drinking and drug use?		
3. Have you ever felt bad or guilty about your drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?		

Are you in a romantic relationship?

_____ Yes (complete the Couple Satisfaction Index below)
 _____ No (end assessment)

Couple Satisfaction Index

Please indicate the degree of happiness, all things considered, of your couple/romantic relationship.

Extremely Unhappy 0 Fairly Unhappy 1 A Little Unhappy 2 Happy 3 Very Happy 4 Extremely Happy 5 Perfect 6

	Not at all TRUE	A little TRUE	Some-what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE
I have a warm and comfortable relationship with my partner	0	1	2	3	4	5

	Not at all	A little	Some-what	Mostly	Almost Completely	Completely
How rewarding is your relationship with your partner?	0	1	2	3	4	5
In general, how satisfied are you with your relationship?	0	1	2	3	4	5