

Ohio Youth Problem, Functioning and Satisfaction Scales (Youth Form)

Youth Rating – Short Form (Ages 12-18)

Name: _____ Date: _____ Grade: _____

Section I (Ohio Youth Problem Severity Scale)		Not at all	Once or Twice	Several Times	Often	Most of the time	All of the time
Instructions: Please rate the degree to which you have experienced the following problems in the past 90 days.							
1	Arguing with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Getting into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Yelling, swearing, or screaming at others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fits of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Refusing to do things teachers or parents ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Causing trouble for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Using drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Breaking rules or breaking the law (out past curfew, stealing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Skiping school or classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can't seem to sit still, having too much energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Hurting self (cutting or scratching self, taking pills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Talking or thinking about death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Feeling worthless or useless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Feeling lonely and having no friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Feeling anxious or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Worrying that something bad is going to happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Feeling sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Eating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II (Ohio Youth Functioning Scale)		Extreme Troubles	Quite a few troubles	Some Troubles	OK	Doing Very Well
Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and check the box that best describes your current situation.						
21	Getting along with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Getting along with family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Dating and developing relationships with boyfriends or girlfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Getting along with adults outside the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Keeping neat and clean, looking good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Caring for health needs and keeping good health habits (taking medicines or brushing teeth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Controlling emotions and staying out of trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Being motivated and finishing projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Participating in hobbies (baseball cards, coins, stamps, art).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Participating in recreational activities (sports, swimming, bike riding).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Completing household chores (cleaning room, other chores).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Attending school and getting passing grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Learning skills that will be useful for future jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Feeling good about self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Thinking clearly and making good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Concentrating, paying attention, and completing tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Earning money and learning how to use money wisely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Doing things without supervision or restrictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Accepting responsibility for actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40	Ability to express feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Adapted from the Ohio Youth Problem, Functioning and Satisfaction Scales
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Texas Department of Mental Health and Mental Retardation September 2003 (Youth Form)



#12E

Instructions: Please circle your response to each question.

1. Overall, how satisfied are you with your life right now?
 1. Extremely satisfied.
 2. Moderately satisfied.
 3. Somewhat satisfied.
 4. Somewhat dissatisfied.
 5. Moderately dissatisfied.
 6. Extremely dissatisfied.
2. How energetic and healthy do you feel right now?
 1. Extremely healthy.
 2. Moderately healthy.
 3. Somewhat healthy.
 4. Somewhat unhealthy.
 5. Moderately unhealthy.
 6. Extremely unhealthy.
3. How much stress or pressure is in your life right now?
 1. Very little.
 2. Some
 3. Quite a bit.
 4. A moderate amount.
 5. A great deal.
 6. Unbearable Amounts.
4. How optimistic are you about the future right now?
 1. The future looks very bright.
 2. The future looks somewhat bright.
 3. The future looks OK.
 4. The future looks both good and bad.
 5. The future looks bad.
 6. The future looks very bad.

Instructions: In the past 90 days how many of the following events occurred?

- Number of arrests
 Suspensions from school
 Detentions at school
 Days of school missed
 Number of self-harm attempts

Enter the number of days the youth was placed in each of the following situations during the past 90 days. (For example, a youth may have been in a detention center for 3 days, a hospital for 7 days and with the biological mother for 80 days).

<input type="text"/> two biological parents	Private Residence
<input type="text"/> biological mother	Private Residence
<input type="text"/> biological father	Private Residence
<input type="text"/> home of a relative	Private Residence
<input type="text"/> home of a family friend	Private Residence
<input type="text"/> independent living with self or friend	Private Residence
<input type="text"/> supervised independent living	Private Residence with support
<input type="text"/> drug/alcohol rehab center	24 hour residential care
<input type="text"/> group home	24 hour residential care
<input type="text"/> residential treatment	24 hour residential care
<input type="text"/> inpatient psychiatric hospital	Institutional setting
<input type="text"/> medical hospital	Institutional setting
<input type="text"/> jail	Jail/correctional facility
<input type="text"/> juvenile detention facility	Jail/correctional facility
<input type="text"/> foster care	foster home
<input type="text"/> therapeutic foster care	foster home
<input type="text"/> specialized foster care	foster home
<input type="text"/> Homeless/shelter	Homeless/shelter
<input type="text"/> other	other
<input type="text"/> unknown	unknown