



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID # _____

YOUR FULL NAME
First _____ Middle _____ Last _____

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)
FATHER'S TYPE OF WORK _____
MOTHER'S TYPE OF WORK _____

YOUR GENDER
 Boy Girl

YOUR AGE _____

YOUR ETHNIC GROUP OR RACE _____

TODAY'S DATE
Mo. _____ Date _____ Yr. _____

YOUR BIRTHDATE
Mo. _____ Date _____ Yr. _____

GRADE IN SCHOOL _____

IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:

NOT ATTENDING SCHOOL

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. **Be sure to answer all items.**

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, computers, crafts, etc. (Do **not** include listening to radio or watching TV.)

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups you belong to.

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include **both** paid and unpaid jobs and chores.)

None

- a. _____
- b. _____
- c. _____

Compared to others of your age, how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

V. 1. About how many close friends do you have? (Do not include brothers & sisters)

- None 1 2 or 3 4 or more

2. About how many times a week do you do things with any friends outside of regular school hours?

- (Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of your age, how well do you:

- | | Worse | Average | Better | |
|--|--------------------------|--------------------------|--------------------------|--|
| a. Get along with your brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I have no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Get along with your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Do things by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. Performance in academic subjects.

I do not attend school because _____

Check a box for each subject that you take	Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or other nonacademic subjects.			
	Failing	Below Average	Average	Above Average
a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, disability, or handicap? No Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you *now or within the past 6 months*, please circle the **2** if the item is *very true or often true* of you. Circle the **1** if the item is *somewhat or sometimes true* of you. If the item is *not true* of you, circle the **0**.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	1.	I act too young for my age	0	1	2	33.	I feel that no one loves me
0	1	2	2.	I drink alcohol without my parents' approval (describe): _____ _____	0	1	2	34.	I feel that others are out to get me
0	1	2	3.	I argue a lot	0	1	2	35.	I feel worthless or inferior
0	1	2	4.	I fail to finish things that I start	0	1	2	36.	I accidentally get hurt a lot
0	1	2	5.	There is very little that I enjoy	0	1	2	37.	I get in many fights
0	1	2	6.	I like animals	0	1	2	38.	I get teased a lot
0	1	2	7.	I brag	0	1	2	39.	I hang around with kids who get in trouble
0	1	2	8.	I have trouble concentrating or paying attention	0	1	2	40.	I hear sounds or voices that other people think aren't there (describe): _____ _____
0	1	2	9.	I can't get my mind off certain thoughts; (describe): _____ _____	0	1	2	41.	I act without stopping to think
0	1	2	10.	I have trouble sitting still	0	1	2	42.	I would rather be alone than with others
0	1	2	11.	I'm too dependent on adults	0	1	2	43.	I lie or cheat
0	1	2	12.	I feel lonely	0	1	2	44.	I bite my fingernails
0	1	2	13.	I feel confused or in a fog	0	1	2	45.	I am nervous or tense
0	1	2	14.	I cry a lot	0	1	2	46.	Parts of my body twitch or make nervous movements (describe): _____ _____
0	1	2	15.	I am pretty honest	0	1	2	47.	I have nightmares
0	1	2	16.	I am mean to others	0	1	2	48.	I am not liked by other kids
0	1	2	17.	I daydream a lot	0	1	2	49.	I can do certain things better than most kids
0	1	2	18.	I deliberately try to hurt or kill myself	0	1	2	50.	I am too fearful or anxious
0	1	2	19.	I try to get a lot of attention	0	1	2	51.	I feel dizzy or lightheaded
0	1	2	20.	I destroy my own things	0	1	2	52.	I feel too guilty
0	1	2	21.	I destroy things belonging to others	0	1	2	53.	I eat too much
0	1	2	22.	I disobey my parents	0	1	2	54.	I feel overtired without good reason
0	1	2	23.	I disobey at school	0	1	2	55.	I am overweight
0	1	2	24.	I don't eat as well as I should	0	1	2	56.	Physical problems <i>without known medical cause</i> :
0	1	2	25.	I don't get along with other kids	0	1	2	a.	Aches or pains (<i>not</i> stomach or headaches)
0	1	2	26.	I don't feel guilty after doing something I shouldn't	0	1	2	b.	Headaches
0	1	2	27.	I am jealous of others	0	1	2	c.	Nausea, feel sick
0	1	2	28.	I break rules at home, school, or elsewhere	0	1	2	d.	Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____
0	1	2	29.	I am afraid of certain animals, situations, or places, other than school (describe): _____ _____	0	1	2	e.	Rashes or other skin problems
0	1	2	30.	I am afraid of going to school	0	1	2	f.	Stomachaches
0	1	2	31.	I am afraid I might think or do something bad	0	1	2	g.	Vomiting, throwing up
0	1	2	32.	I feel that I have to be perfect	0	1	2	h.	Other (describe): _____ _____

Please print. Be sure to answer all items.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. I physically attack people
- 0 1 2 58. I pick my skin or other parts of my body (describe): _____

- 0 1 2 59. I can be pretty friendly
- 0 1 2 60. I like to try new things
- 0 1 2 61. My school work is poor
- 0 1 2 62. I am poorly coordinated or clumsy
- 0 1 2 63. I would rather be with older kids than kids my own age
- 0 1 2 64. I would rather be with younger kids than kids my own age
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe): _____

- 0 1 2 67. I run away from home
- 0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): _____

- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
- 0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/or night (describe): _____

- 0 1 2 78. I am inattentive or easily distracted
- 0 1 2 79. I have a speech problem (describe): _____

- 0 1 2 80. I stand up for my rights
- 0 1 2 81. I steal at home
- 0 1 2 82. I steal from places other than home
- 0 1 2 83. I store up too many things I don't need (describe): _____

- 0 1 2 84. I do things other people think are strange (describe): _____

- 0 1 2 85. I have thoughts that other people would think are strange (describe): _____

- 0 1 2 86. I am stubborn
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
- 0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language
- 0 1 2 91. I think about killing myself
- 0 1 2 92. I like to make others laugh
- 0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
- 0 1 2 99. I smoke, chew, or sniff tobacco
- 0 1 2 100. I have trouble sleeping (describe): _____

- 0 1 2 101. I cut classes or skip school
- 0 1 2 102. I don't have much energy
- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids
- 0 1 2 105. I use drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____

- 0 1 2 106. I like to be fair to others
- 0 1 2 107. I enjoy a good joke
- 0 1 2 108. I like to take life easy
- 0 1 2 109. I try to help other people when I can
- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others
- 0 1 2 112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests: