



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	Failing	Below	Average	Above
		Average	Average	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 without known medical cause:	
0	1	2	25. I don't get along with other kids	0	1	2	a. Aches or pains (not 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 (not 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	84. I do things other people think are strange (describe): _____
0	1	2	58. I pick my skin or other parts of my body (describe): _____	0	1	2	85. I have thoughts that other people would think are strange (describe): _____
0	1	2	59. I can be pretty friendly	0	1	2	86. I am stubborn
0	1	2	60. I like to try new things	0	1	2	87. My moods or feelings change suddenly
0	1	2	61. My school work is poor	0	1	2	88. I enjoy being with people
0	1	2	62. I am poorly coordinated or clumsy	0	1	2	89. I am suspicious
0	1	2	63. I would rather be with older kids than kids my own age	0	1	2	90. I swear or use dirty language
0	1	2	64. I would rather be with younger kids than kids my own age	0	1	2	91. I think about killing myself
0	1	2	65. I refuse to talk	0	1	2	92. I like to make others laugh
0	1	2	66. I repeat certain acts over and over (describe): _____	0	1	2	93. I talk too much
0	1	2	67. I run away from home	0	1	2	94. I tease others a lot
0	1	2	68. I scream a lot	0	1	2	95. I have a hot temper
0	1	2	69. I am secretive or keep things to myself	0	1	2	96. I think about sex too much
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	97. I threaten to hurt people
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	98. I like to help others
0	1	2	72. I set fires	0	1	2	99. I smoke, chew, or sniff tobacco
0	1	2	73. I can work well with my hands	0	1	2	100. I have trouble sleeping (describe): _____
0	1	2	74. I show off or clown	0	1	2	101. I cut classes or skip school
0	1	2	75. I am too shy or timid	0	1	2	102. I don't have much energy
0	1	2	76. I sleep less than most kids	0	1	2	103. I am unhappy, sad, or depressed
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____	0	1	2	104. I am louder than other kids
0	1	2	78. I am inattentive or easily distracted	0	1	2	105. I use drugs for nonmedical purposes (<i>don't</i> include alcohol or tobacco) (describe): _____
0	1	2	79. I have a speech problem (describe): _____	0	1	2	106. I like to be fair to others
0	1	2	80. I stand up for my rights	0	1	2	107. I enjoy a good joke
0	1	2	81. I steal at home	0	1	2	108. I like to take life easy
0	1	2	82. I steal from places other than home	0	1	2	109. I try to help other people when I can
0	1	2	83. I store up too many things I don't need (describe): _____	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: