

### ***Item Descriptions***

The "Problem Severity Scale" is comprised of 20 items covering common problems reported by youth who receive behavioral health services. Each item is rated for severity/frequency (0 "Not at all" to 5 "All the time") on a six-point scale. A total score is calculated by summing the ratings for all 20 items.

The "Functioning Scale" is comprised of 20 items designed to rate the youth's level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction and motivation). Each item is rated on a five-point scale (0 "Extreme troubles" to 4 "Doing very well"). Although the problem severity scale is similar to many other existing symptom rating scales that focus on the severity of behavioral problems, the functioning scale provides a broader range of ratings including "OK" and "Doing very well". This provides an opportunity for raters to identify areas of functional strength. A total functioning score is calculated by summing the ratings for all 20 items. Higher scores are indicative of better functioning.

In addition to the problems and functioning scales, two brief (four item) scales on the parent and youth forms assess satisfaction and hopefulness. Four items assess satisfaction with and inclusion in behavioral health services on a six-point scale (1 "extremely satisfied" to 6 "extremely dissatisfied"). The total satisfaction score is calculated by summing the 4 items.

Four additional items on the parent and youth forms tap levels of hopefulness and well-being either about parenting or self/future respectively. Each of these is also rated on a six-point scale. The total hopefulness score is calculated by summing the 4 items.

Finally, the agency worker version of the Ohio Scales includes a copy of the Restrictiveness of Living Environments Scale (ROLES). Information regarding the initial development of the ROLES can be obtained by reviewing the original article written by Hawkins et al. (1992). The ROLES assesses the level of restrictiveness for the youth's placements during the past 90 days. A higher score means on average the youth is placed in a more restrictive setting.

Administration and scoring procedures for all three instruments are described below. (See Appendix A for copies of the three instruments).

## ADMINISTRATION AND SCORING

The Ohio Scales were developed for quick administration, scoring and interpretation. With relatively minimal training, parents or case managers can administer, score, and interpret the meaning of scores for each of the scales. Each of the scales will be briefly discussed in this section.

There are three parallel forms of the Ohio Scales completed by the youth's parent or primary caretaker (P-form), the youth (Y-form), and the youth's agency worker (W-form). This allows assessment of the client's strengths and weaknesses from multiple perspectives. The youth form is designed for youth ages 12-18. The parent and agency worker versions are designed for youth ages 5-18.

The instrument is two pages long, placed on the front and back of a single sheet. The questions for problem severity and functioning are identical on the three parallel forms. The satisfaction and hopefulness scales are slightly different depending on the perspective (parent or youth). On the front side of all three forms is the 20-item problem severity scale. The remaining scales are on the back.

### ***Problem Severity***

All three forms include the 20 item problem severity scale. Each of these items is rated on a 6-point scale for frequency during the past 30 days: not at all, once or twice, several times, often, most of the time, or all of the time. The columns for each frequency are coded respectively from 0 (Not at all) to 5 (All of the Time). Each column's score can then easily be added at the bottom of the page. The sum of the six columns then becomes the individual's score on the problem severity scale. No items are reverse-scored.

### ***Functioning***

All three forms include the 20 item functioning scale in the bottom half of the back page. Each of these 20 items is rated using a 5-point scale: extreme troubles, quite a few troubles, some troubles, OK, or doing very well. Since raters might have somewhat different conceptions regarding what constitutes the various levels of functioning, we use comparable ratings on the Children's Global Assessment Scale (CGAS) as a reference:

<u>Ohio Scales</u>	<u>CGAS</u>
Doing very well (4)	Superior functioning in all areas; (CGAS 90's)
OK (3)	Good functioning in all areas; (CGAS 80's)
Some Troubles (2)	Some difficulty in a single area, but generally functioning pretty well (CGAS approximately 70's)
Quite a few Troubles (1)	Moderate problems in most areas or severe impairment in one area (CGAS approximately 50's)
Extreme Troubles (0)	Major impairment in several areas and unable to function in one or more areas (CGAS 30's or below)

A common question about the functioning scale involves the rating of items 3 and 13. For young children, raters often wonder how to rate items concerning vocational preparation (Item 13) or developing relationships with boyfriends or girlfriends (Item 3). On these items the rater should rate "OK (3)" if they are unsure or rate the youth based on what might be expected for their developmental level. For example, developmentally appropriate vocational preparation for a 7 year old typically involves school work, chores at home, and other work-like assignments. Note: If insufficient information is available to answer a specific item on the functioning scale, that item should be rated "OK (3)".

The functioning scale total is calculated in the same manner used on the problem severity scale. Each of the 20 items is rated on its 5-point scale. The rating for each item is circled. The columns for each frequency are coded respectively from 0 (extreme troubles) to 4 (doing very well). Each column's score can then easily be added at the bottom of the page. The sum of the five columns then becomes the individual's score on the functioning scale. No items are reverse scored.

As can be seen from the scoring method, a high score on the problem severity scale is considered to be more problematic (more frequent problems), while a low score on the functioning scale is considered to be more impairment. The method of scoring is thus congruent with what one would intuitively expect given the content of each scale.

### ***Hopefulness***

On the back side of the parent and youth versions, eight questions are printed at the top of the page. The first four questions ask for ratings of hopefulness (parent) or overall well being (youth). The specific questions vary somewhat on the two versions to fit the respondents. Each question is answered according to a 6-point scale with the specific scale items varying to fit the questions. In each question, response "1" is the most hopeful/well and response "6" is the least. The four items can then be totaled for a hopefulness scale score. On this scale, a lower total means more hope or wellness.

### ***Satisfaction***

The second four questions on the top half of the back page (P-form and Y-form) ask for ratings of overall satisfaction with behavioral health services received and ratings of their inclusion in treatment planning. The specific questions vary somewhat on the two versions to fit the respondents. Each question is answered according to a 6-point scale with the specific scale items varying to fit the questions. In each question, response "1" is the most satisfied/included and response "6" is the least. The four items can then be totaled for a satisfaction scale score. On this scale, a lower total means more satisfaction.

### ***Restrictiveness of Living Environments Scale (ROLES)***

On the agency worker version of the Ohio Scales (W-form), the space in the top half of the back side of the page is utilized quite differently since satisfaction and hopefulness ratings are only appropriate from the perspectives of the parent/caregiver and youth. The W-form includes a copy of the ROLES (Hawkins et al., 1986). The ROLES consists of a list of 23 categories of residential settings. Next to each specific setting is a blank line on which the agency worker writes the number of days (during the past 90 days) the youth was residing in that setting (The total of all the days will therefore add to 90). Although the authors of the Ohio Scales did not develop this scale, it was felt that tracking this information could be helpful to the agency worker. The worker should identify the categories that most closely resemble the settings in which the youth stayed.

Scoring for this scale is not included on the form, but it is possible to compute a score if the worker thinks it would be a meaningful measure of the child's treatment progress. Each setting is given a statistical 'weight' as listed in the table below. To get the ROLES total score, each weight is multiplied by the number of days in the blank next to the setting. The sum of these products is then calculated to get a total. The total is then divided by 90 to get the average restrictiveness for the previous 90 days. This is the ROLES score (see Hawkins et al., 1986).

**Table 1. ROLES' Weights**

<u>Setting</u>	<u>Weight</u>	<u>Setting</u>	<u>Weight</u>
Jail	10.0	Foster care	4.0
Juvenile detention/youth corrections	9.0	Supervised independent living	3.5
Inpatient psychiatric hospital	8.5	Home of a family friend	2.5
Drug/alcohol rehab. center	8.0	Adoptive home	2.5
Medical hospital	7.5	Home of a relative	2.5
Residential treatment	6.5	School dormitory	2.0
Group emergency shelter	6.0	Biological father	2.0
Vocational center	5.5	Biological mother	2.0
Group home	5.5	Two biological parents	2.0
Therapeutic foster care	5.0	Independent living with friend	1.5
Individual home emergency shelter	5.0	Independent living by self	.5
Specialized foster care	4.5		

For example, if during the last 90 days a child was placed in a juvenile detention facility for 2 days, a group home for 12 days, and with the biological father for 76 days, the ROLES score would be calculated in this way:

	<u>Days</u>		<u>Weight<sup>4</sup></u>		<u>Product</u>
Detention Center	2	X	9.0	=	18.0
Group Home	12	X	5.5	=	66.0
With Father	76	X	2.0	=	<u>152.0</u>
Total	90				236.0

$236 / 90 = \underline{2.62}$  - The ROLES score for the past 90 days is 2.62.

The agency worker version also includes a several questions in the middle of the back side of the page. These items are 'Marker' questions and, similar to the ROLES, are meant to be helpful to the agency worker in tracking key information. There are blank spaces to write in information on "school placement" and "current psychoactive medications". In addition, several lines are available for recording the frequency during the past 3 months of arrests, suspensions from school, days in detention, days of school missed, and self-harm attempts.

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<sup>4</sup> From the Table on the previous page.

## CLINICAL USE OF THE OHIO SCALES

The Ohio Scales give the clinician a wealth of useful and easily understandable information. Perhaps most obvious is the ability to track a client's progress over time with repeated administrations of the instrument. Ongoing ratings of overall functioning and problem severity can be useful to clinicians and program administrators alike. Additionally, however, the initial administration of the Ohio Scales provides excellent information to aid in development of the client's treatment plan. It should be noted that the Ohio Scales were developed primarily to aid in the tracking of service effectiveness. As a result, they do not provide comprehensive information that might be associated with the administration of a diagnostic measure such as the Child Behavior Checklist (Achenbach & Edelbrock, 1983). Nevertheless, much useful information is available upon initial administration of the Ohio Scales.

### ***Development of Treatment Plan***

Administration of the Ohio Scales at intake provides an index of a youth's current problems and level of functioning. Answers to a standardized list of questions help ensure that the typical problems and areas of functioning encountered by youth who receive behavioral health services will be covered.

Critical Items. Specific responses to critical items should be checked first. Positive responses to items such as "hurting self (cutting or scratching self, taking pills)", "talking or thinking about death", "using drugs or alcohol" will require the immediate attention of the clinician. The youth may need to be assessed for serious risk of harm to self or others or for disturbed thinking. It may also be helpful to check whether the parent and youth give different information on these critical items.

Target Problems. In developing a treatment plan, the next section to check would be the problem severity scale on the front of the page. A quick scan will tell the clinician the problems that are endorsed as occurring most frequently. These problems are likely to be the most relevant to the treatment and can be included as target problems in the treatment plan. Again, any differences in the ratings by the parent and youth may prove helpful in dealing with both the youth and the family.

Functional Strengths. The next section to check would be specific responses to the functioning scale on the back of the page. Any functioning items that are rated highly may be noted as strengths. A rating of '3' or '4' on a functioning item identifies specific attributes or activities that can be included in the treatment plan as personal strengths. The clinician may also take note of any specific functioning questions that might improve rapidly and then be helpful in working on problems. For example, improvement in hobby participation or appropriate recreational activities might quickly aid improvement in self-concept or relationships with peers or family.

Compare Total Scores. In addition to initial use of individual item responses to aid with the specifics of a treatment plan, calculating scale total scores may also be

useful. Total scores for the youth can be compared to average scores in the comparison sample. This gives the clinician an overall indication of how the youth's scores compare to a sample of youth who are not receiving services.<sup>5</sup> For example, a parent who rated their child using the problem severity scale and obtained a total scale score of 45, could note that the score was above the average (39.35) for parents of children receiving clinical services and well above the average (10.29) of parent ratings of youth in the community who were not receiving behavioral health services. Means and standard deviations for a community sample and a clinical sample are presented in Table 2.

**Table 2. Means and Standard Deviations on the Ohio Scales for Community and Clinical Samples.<sup>6</sup>**

<u>Population: Form</u>	<u>N</u>	<u>Problems</u> <u>M (SD)</u>	<u>Functioning</u> <u>M (SD)</u>	<u>Hope</u> <u>M (SD)</u>
<u>Community:</u>				
• Youth	166	18.18 (15.04)	61.07 (12.99)	9.61 (3.78)
• Parent	329	10.29 (9.88)	63.95 (12.67)	8.31 (3.52)
• Agency Worker	40	17.58 (9.62)	67.03 (9.01)	NA
<u>Clinical:</u>				
• Youth	76	36.31 (20.96)	55.09 (13.42)	10.57 (4.35)
• Parent	137	39.35 (17.71)	41.65 (16.03)	13.81 (5.26)
• Agency Worker	134	41.04 (14.40)	33.94 (12.91)	NA

Charting Total Scores. In addition, figures were created to allow the charting of total scale score ratings (see Figures 1 & 2). The horizontal lines on the chart represent potential cutoff scores that can be used to identify youth with significant levels of problems or deficits in functioning when compared to a community sample.

For the problem severity scale, the lowest line represents the average parent<sup>7</sup> rating of problem severity in a community sample. (Any youth in the sample who had received behavioral health services, been arrested, or was assigned to a class for students with behavioral problems was excluded when calculating the average for the line). The next line moving up is one standard deviation above this mean (total score = 20) and the third line is two standard deviations above this mean (total score = 30). Children whose parents rate them as having more frequent problems than the second cutoff could be reasonably assumed to have clinically meaningful levels of problem behaviors.

<sup>5</sup> The community sample used for comparison purposes in this manual is a sample of over 300 5 to 18 year old youth (and their parents) in Southeastern Ohio.

<sup>6</sup> These numbers are the combined data for multiple samples described in the technical manual.

<sup>7</sup> Only parent cutoffs were included on the figures to avoid clutter. The actual means and standard deviations for the other sources are listed in Table 2.

For the functioning scale the top line represents the average parent rating of functioning in a community sample excluding the same cases mentioned above (youth who had been arrested, received behavioral health services, or attended a class for students with behavioral problems). The next line moving down is one standard deviation below this mean (total score = 52) and the third line is two standard deviations below this mean (total score = 40). Children whose parents rate them as having poorer functioning than the first or second cutoff could be reasonably assumed to have clinically meaningful impairment in functioning.

Comparisons could also be conducted between the agency worker ratings and the small sample of community youth rated by agency workers presented in Table 2. Many rater-based scales do not include norms. For example, the Hamilton Rating Scale for Depression has been used in hundreds of studies in various forms, but no normative sample is available (Grundy, Lunnen, Lambert, Ashton, & Tovey, 1994; Grundy, Lambert, & Grundy, 1996). As a result, we collected this initial data to begin the process of developing a rater based comparison sample that could be contrasted with clinical samples.



# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Youth Rating – Short Form (Ages 12-18)

# Y

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

ID#: \_\_\_\_\_  
Completed by Agency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skipping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

**Instructions:** Please circle your response to each question.

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

Total: \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- How satisfied are you with the mental health services you have received so far?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How much are you included in deciding your treatment?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- Mental health workers involved in my case listen to me and know what I want.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- I have a lot of say about what happens in my treatment.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all

Total: \_\_\_\_\_

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Agency Worker Rating – Short Form

# W

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By: \_\_\_\_\_  Case Manager  Therapist  Other: \_\_\_\_\_

Instructions: Please rate the degree to which the designated child has experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
		0	1	2	3	4	5
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skipping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

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

_____ Jail	_____ Foster Care
_____ Juvenile Detention Center	_____ Supervised Independent Living
_____ Inpatient Psychiatric Hospital	_____ Home of a Family Friend
_____ Drug/Alcohol Rehabilitation Center	_____ Adoptive Home
_____ Medical Hospital	_____ Home of a Relative
_____ Residential Treatment	_____ School Dormitory
_____ Group Emergency Shelter	_____ Biological Father
_____ Residential Job Corp/Vocational Center	_____ Biological Mother
_____ Group Home	_____ Two Biological Parents
_____ Therapeutic Foster Care	_____ Independent Living with Friend
_____ Individual Home Emergency Shelter	_____ Independent Living by Self
_____ Specialized Foster Care	

**90** (Total for the two columns should equal 90)

**Markers:**

School Placement: \_\_\_\_\_

Current Psychoactive Medications: \_\_\_\_\_

**Number in Past 90 Days**

Arrests \_\_\_\_\_  
 Suspensions from school \_\_\_\_\_  
 Days in Detention \_\_\_\_\_  
 Days of School Missed \_\_\_\_\_  
 Self-Harm Attempts \_\_\_\_\_

**Instructions:** Please circle the number corresponding to the designated youth's current level of functioning in each area.

	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Parent Rating – Short Form

# P

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

ID#: _____
Completed by Agency: _____

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By:  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which your child has experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skiping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

**Instructions:** Please circle your response to each question.

1. Overall, how satisfied are you with your relationship with your child right now?
  7. Extremely satisfied
  8. Moderately satisfied
  9. Somewhat satisfied
  10. Somewhat dissatisfied
  11. Moderately dissatisfied
  12. Extremely dissatisfied
2. How capable of dealing with your child's problems do you feel right now?
  7. Extremely capable
  8. Moderately capable
  9. Somewhat capable
  10. Somewhat incapable
  11. Moderately incapable
  12. Extremely incapable
3. How much stress or pressure is in your life right now?
  7. Very little
  8. Some
  9. Quite a bit
  10. A moderate amount
  11. A great deal
  12. Unbearable amounts
4. How optimistic are you about your child's 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

Total: \_\_\_\_\_

**Instructions:** Please circle your response to each question.

1. How satisfied are you with the mental health services your child has received so far?
  7. Extremely satisfied
  8. Moderately satisfied
  9. Somewhat satisfied
  10. Somewhat dissatisfied
  11. Moderately dissatisfied
  12. Extremely dissatisfied
2. To what degree have you been included in the treatment planning process for your child?
  7. A great deal
  8. Moderately
  9. Quite a bit
  10. Somewhat
  11. A little
  12. Not at all
3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
  7. A great deal
  8. Moderately
  9. Quite a bit
  10. Somewhat
  11. A little
  12. Not at all
4. To what extent does your child's treatment plan include your ideas about your child's treatment needs?
  7. A great deal
  8. Moderately
  9. Quite a bit
  10. Somewhat
  11. A little
  12. Not at all

Total: \_\_\_\_\_

**Instructions:** Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.

	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4