



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID # _____

YOUR FULL NAME: First _____ Middle _____ Last _____

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: _____

NOT ATTENDING SCHOOL:

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

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: _____

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.

Please print. Be sure to answer all items.

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	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"/>

Other academic subjects—for example: computer courses, foreign language, business. Do **not** include gym, shop, driver's ed., or other nonacademic subjects.

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 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: