



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 <input type="checkbox"/> Boy <input type="checkbox"/> Girl	YOUR AGE _____	YOUR ETHNIC GROUP OR RACE _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____	Please fill out this form to reflect <i>your</i> 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.
GRADE IN SCHOOL _____	IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: _____ _____		
NOT ATTENDING SCHOOL <input type="checkbox"/>			

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