

QUESTIONNAIRE - YOUTH

Child's Name _____

Relationship to Child _____

Fill in the square that best describes your child:

	Never	Sometimes	Often
1. Destroyed property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was unhappy or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Behavior caused school problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had temper outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Worrying prevented him/her from doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Felt worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Had trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Changed moods quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Used alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was restless, trouble staying seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Engaged in repetitious behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Used drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Worried about most everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Needed constant attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much have your child's problems caused:

	Not at all	A little	Somewhat	A lot
15. Interruption of personal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Disruption of family routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Any family member to suffer mental or physical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Less attention paid to any family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Disruption or upset of relationships within the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Disruption of your family's social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>