

Youth Outcome Questionnaire-Self Report (Y-OQ®-SR 2.0)

Name _____ ID# _____ Today's Date _____

Date of Birth _____ Sex: Male _____ Female _____ Parent/Guardian _____

PURPOSE: The Y-OQ®-SR 2.0 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ®-SR 2.0 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS: - Read each statement carefully.
 - Decide how true this statement is during the past 7 days.
 - Check the box that most accurately describes the past week.
 - Check only one answer for each statement and erase unwanted marks clearly.

PLEASE COMPLETE BOTH SIDES

- | | Never or
Almost
Never | Rarely | Sometimes
Frequently | Almost
Always or
Always | |
|---|-----------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| 1. I want to be alone more than others my same age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have headaches or feel dizzy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I don't participate in activities that used to be fun. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I argue or speak rudely to others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have more fears than others my same age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I cut classes or skip school altogether..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I cooperate with rules and expectations of adults. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have a hard time finishing my assignments or I do them carelessly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I complain about things that are unfair..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I have trouble with constipation or diarrhea..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I worry and can't get thoughts out of my mind..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I steal or lie..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I have a hard time sitting still (or I have too much energy)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I feel anxious or nervous..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I talk with others in a friendly way..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I am tense and easily startled (gumpy)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I have trouble with wetting or messing my pants or bed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I physically fight with adults..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I see, hear, or believe in things that are not real..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I have hurt myself on purpose (for example, cut, scratched, or attempted suicide)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I use alcohol or drugs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I am disorganized (or I can't seem to get organized)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I enjoy my relationships with family and friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I am sad or unhappy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I have pain or weakness in muscles or joints..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I have a hard time trusting friends, family members, or other adults..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I think that others are trying to hurt me even when they are not..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I have threatened to, or have run away from home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. My emotions are strong and change quickly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SUBTOTALS

	For Office Use Only					
	ID	S	IR	SP	BD	CI
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
TOTALS						

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always	ID	S	IR	SP	BD	CI
31. I break rules, laws, or don't meet others' expectations on purpose.	0	1	2	3	4						
32. I am happy with myself.	2	1	0	-1	-2						
33. I pout, cry, or feel sorry for myself more than others my age.	0	1	2	3	4						
34. I withdraw from my family and friends.	0	1	2	3	4						
35. My stomach hurts or I feel sick more than others my same age.	0	1	2	3	4						
36. I don't have friends or I don't keep friends very long.	0	1	2	3	4						
37. My parents or guardians don't approve of my friends.	0	1	2	3	4						
38. I think I can hear other people's thoughts or that they can hear mine.	0	1	2	3	4						
39. I am involved in sexual behavior that my friends or family would not approve of.	0	1	2	3	4						
40. I have a hard time waiting for my turn in activities or conversations.	0	1	2	3	4						
41. I think about suicide or feel I would be better off dead.	0	1	2	3	4						
42. I have nightmares, trouble getting to sleep, oversleeping, or waking up too early.	0	1	2	3	4						
43. I complain about or question rules, expectations, or responsibilities.	0	1	2	3	4						
44. I have times of unusual happiness or excessive energy.	0	1	2	3	4						
45. I'm generally okay with frustration or boredom.	0	1	2	3	4						
46. I am afraid I am going crazy.	2	1	0	-1	-2						
47. I feel guilty when I do something wrong.	0	1	2	3	4						
48. I demand a lot from others or I am pushy.	0	1	2	3	4						
49. I feel irritated.	0	1	2	3	4						
50. I throw-up or feel sick to my stomach more than others my age.	0	1	2	3	4						
51. I get angry enough to threaten others.	0	1	2	3	4						
52. I get into trouble when I'm bored.	0	1	2	3	4						
53. I'm hopeful and positive.	2	1	0	-1	-2						
54. Muscles in my face, arms, or body twitch or jerk.	0	1	2	3	4						
55. I destroy property on purpose.	0	1	2	3	4						
56. I have a hard time concentrating, thinking clearly, or sticking to tasks.	0	1	2	3	4						
57. I get down on myself and blame myself for things that go wrong.	0	1	2	3	4						
58. I have lost a lot of weight without being sick.	0	1	2	3	4						
59. I act without thinking and don't worry about what will happen.	0	1	2	3	4						
60. I am calm.	2	1	0	-1	-2						
61. I don't forgive myself for things I've done wrong.	0	1	2	3	4						
62. I don't have much energy.	0	1	2	3	4						
63. I feel like I don't have any friends or that no one likes me.	0	1	2	3	4						
64. I get frustrated or upset easily, and give up.	0	1	2	3	4						
This Page Subtotals											
Side 1 Subtotals											

TOTAL =

SUBSCALE TOTALS
(Sum of Subtotals)

ID	S	IR	SP	BD	CI