

Ohio Mental Health Consumer Outcomes System Ohio Youth Problem, Functioning, and Satisfaction Scales Youth Rating – Short Form (Ages 12-18)



	Date: Grade: h: Sex: □ Male □ Female	ID#: Completed by Agency Race:					
Date of Bill	.n Sex. 🗆 Male 🗀 Female	Nace.					
Ins	structions: 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. Arg	guing with others	0	1	2	3	4	5
2. Ge	etting into fights	0	1	2	3	4	5
3. Ye	lling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits	s of anger	0	1	2	3	4	5
5. Re	fusing to do things teachers or parents ask	0	1	2	3	4	5
6. Ca	ausing trouble for no reason	0	1	2	3	4	5
7. Us	ing drugs or alcohol	0	1	2	3	4	5
8. Bre	8. Breaking rules or breaking the law (out past curfew, stealing) 9. Skipping school or classes				3	4	5
9. Ski					3	4	5
10. Lyi	10. Lying				3	4	5
11. Ca	11. Can't seem to sit still, having too much energy				3	4	5
12. Hu	12. Hurting self (cutting or scratching self, taking pills)				3	4	5
13. Tal	13. Talking or thinking about death				3	4	5
14. Fe	14. Feeling worthless or useless				3	4	5
15. Fe	15. Feeling lonely and having no friends				3	4	5
16. Fe	16. Feeling anxious or fearful				3	4	5
17. Wo	17. Worrying that something bad is going to happen				3	4	5
18. Fe	eling sad or depressed	0	1	2	3	4	5
19. Nig	19. Nightmares				3	4	5

(Add ratings together) Total _____

Eating problems

Instructions: Please circle your response to each question.		Ins	structio	ns: Please circle your response to each question.			
Overall, how satisfied are you with your life right now?			1.	How sa	atisfied are you with the mental health services you have		
	1.	Extremely satisfied		receive	ed so far?		
	2.	Moderately satisfied		1.	Extremely satisfied		
	3.	Somewhat satisfied		2.	Moderately satisfied		
	4.	Somewhat dissatisfied		3.	Somewhat satisfied		
	5.	Moderately dissatisfied		4.	Somewhat dissatisfied		
	6.	Extremely dissatisfied		5.	Moderately dissatisfied		
2.	How en	ergetic and healthy do you feel right now?		6.	Extremely dissatisfied		
	1.	Extremely healthy	2. How much are you included in deciding your treatment?				
	2.	Moderately healthy		1.	A great deal		
	3.	Somewhat healthy		2.	Moderately		
	4.	Somewhat unhealthy		3.	Quite a bit		
	5.	Moderately unhealthy		4.	Somewhat		
	6.	Extremely unhealthy		5.	A little		
3.	How mu	uch stress or pressure is in your life right now?		6.	Not at all		
	1.	Very little stress	3.	Mental	health workers involved in my case listen to me and		
	2.	Some stress	know what I want.				
	3.	Quite a bit of stress		1.	A great deal		
	4.	A moderate amount of stress		2.	Moderately		
	5.	A great deal of stress		3.	Quite a bit		
	6.	Unbearable amounts of stress		4.	Somewhat		
4.	How op	timistic are you about the future?		5.	A little		
	1.	The future looks very bright		6.	Not at all		
	2.	The future looks somewhat bright	4.	I have	a lot of say about what happens in my treatment.		
	3.	The future looks OK		1.	A great deal		
	4.	The future looks both good and bad		2.	Moderately		
	5.	The future looks bad		3.	Quite a bit		

4. Somewhat 5. A little Total: _____ 6. 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	ОК	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 projects	0	1	2	3	4
9.	. Participating in hobbies (baseball cards, coins, stamps, art)		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.	7. Earning money and learning how to use money wisely		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

(Add	ratings	together)	Lotal	

The future looks very bad