

**Edwin Fair Community Mental Health Center**

**Systems of Care**

**Child 4 to 17 years----Ohio Scales Caregiver Screening**

 Site: Screening Date: / /

Youth Name: Age:

Gender: [ ]  Female [ ]  Male [ ]  Other

Member ID#: SS #:

Clinician Name: Clinician Phone #:

Is youth SED? [ ]  Yes [ ]  No Level of Care: [ ]  3 [ ]  4

Answered by: [ ]  Mother [ ]  Father [ ]  Step-Mother [ ]  Step-Father [ ]  Foster Parent

 [ ]  Sibling [ ]  Aunt / Uncle [ ]  Grandparent [ ]  Other

**Youth Problem Scale** (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** Please rate the degree to which you child has 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. Arguing with others
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Getting into fights
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Yelling, swearing, or screaming at others
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Fits of anger
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Refusing to do things teachers or parents ask
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Causing trouble for no reason
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Using drugs or alcohol
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Breaking rules or breaking the law (out past curfew, stealing)
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Skipping school or classes
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Lying
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Can’t seem to sit still, having too much energy
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Hurting self (cutting or scratching self, taking pills)
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Talking or thinking about death
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling worthless or useless
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling lonely and having no friends
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling anxious or fearful
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Worrying that something bad is going to happen
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Feeling sad or depressed
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Nightmares
 | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Eating problems
 | 0 | 1 | 2 | 3 | 4 | 5 |
| **TOTALS** |  |  |  |  |  |  |
| **TOTAL** |  |
|  |

**Youth Functioning Scale** (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instructions:** Please rate the degree to which your child’s problems affect his or her current ability in everyday activities. Consider your child’s current level of functioning. | **Extreme Troubles** | **Quite a Few Troubles** | **Some Troubles** | **OK** | **Doing Very Well** |
| 1. Getting along with friends
 | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with family
 | 0 | 1 | 2 | 3 | 4 |
| 1. Dating or developing relationships with boyfriends or girlfriends
 | 0 | 1 | 2 | 3 | 4 |
| 1. Getting along with adults outside the family (teachers, principal)
 | 0 | 1 | 2 | 3 | 4 |
| 1. Keeping neat and clean, looking good
 | 0 | 1 | 2 | 3 | 4 |
| 1. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)
 | 0 | 1 | 2 | 3 | 4 |
| 1. Controlling emotions and staying out of trouble
 | 0 | 1 | 2 | 3 | 4 |
| 1. Being motivated and finishing projects
 | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in hobbies (baseball cards, coins, stamps, art)
 | 0 | 1 | 2 | 3 | 4 |
| 1. Participating in recreational activities (sports, swimming, bike riding)
 | 0 | 1 | 2 | 3 | 4 |
| 1. Completing household chores (cleaning room, other chores)
 | 0 | 1 | 2 | 3 | 4 |
| 1. Attending school and getting passing grades in school
 | 0 | 1 | 2 | 3 | 4 |
| 1. Learning skills that will be useful for future jobs
 | 0 | 1 | 2 | 3 | 4 |
| 1. Feeling good about self
 | 0 | 1 | 2 | 3 | 4 |
| 1. Thinking clearly and making good decisions
 | 0 | 1 | 2 | 3 | 4 |
| 1. Concentrating, paying attention, and completing tasks
 | 0 | 1 | 2 | 3 | 4 |
| 1. Earning money and learning how to use money wisely
 | 0 | 1 | 2 | 3 | 4 |
| 1. Doing things without supervision or restrictions
 | 0 | 1 | 2 | 3 | 4 |
| 1. Accepting responsibility for actions
 | 0 | 1 | 2 | 3 | 4 |
| 1. Ability to express feelings
 | 0 | 1 | 2 | 3 | 4 |
| **TOTALS** |  |  |  |  |  |
| **TOTAL** |  |
|  |