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**Edwin Fair Community mental Health Center**

**Systems of Care**

**------18 to 21 years----**

**Ohio Scales Young Adult Screening**

Site: Screening Date: / /

Youth Name: Age:

Gender:  Female  Male  Other

Member ID #: SS #:

Staff Name: Staff Phone #:

Is the young adult SED / SMI?  Yes  No Level of Care:  3  4

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Instructions:** | 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. | Arguing with others | | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Getting into fights | | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Yelling, swearing, or screaming at others | | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Fits of anger | | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | Refusing to do things teachers or employers ask | | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | Causing trouble for no reason | | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | Using drugs or alcohol | | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | Breaking rules or breaking the law (out past curfew, stealing) | | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | Skipping classes or work | | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | Lying | | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. | Can’t seem to sit still, having too much energy | | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. | Hurting self (cutting or scratching self, taking pills) | | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. | Talking or thinking about death | | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. | Feeling worthless or useless | | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. | Feeling lonely and having no friends | | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. | Feeling anxious or fearful | | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. | Worrying that something bad is going to happen | | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. | Feeling sad or depressed | | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. | Nightmares | | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. | Eating problems | | 0 | 1 | 2 | 3 | 4 | 5 |
| **TOTALS:** | | |  |  |  |  |  |  |
| **TOTAL:** | | | | | | | |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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** | **OK** | **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 | | 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) | | 0 | 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. | Earning money and learning how to use money wisely | | 0 | 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 |
| **TOTALS**: | | |  |  |  |  |  |
| **TOTAL**: | | | | | | |  |