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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 ofyour ability to do everyday activities. Read each item andcircle 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**: |  |