

**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** | | | | |  |
|  | | | | | |