**Edwin Fair CMHC**

**Oklahoma Systems of Care Assessment**

**Youth Version**

**to be completed by children / youth aged 9 through 15**

Staff Name: Staff Phone #:

Site: Assessment Date: / /

Youth’s Legal Name: Youth’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOC ID:

Assessment Type: [ ]  Baseline [ ]  3-Month [ ]  6-Month [ ]  12-Month

 [ ]  18-Month [ ]  24-month [ ]  30-Month [ ]  36-Month [ ]  Exit

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| --- | --- | --- | --- | --- | --- | --- |
| **Youth 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 |
| 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 |
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| --- | --- | --- | --- | --- | --- |
| **Youth Functioning Scale**(Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)**Instructions:** Please rate the degree to which your problems affect your current ability in everyday activities.  | **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 |
|  |

**Hopefulness and Satisfaction Scales**

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|  |  |
| --- | --- |
| 1. Overall, how satisfied are you with your life right now? | 1. How satisfied are you with the mental health services you have received so far? |
| [ ]  6. Extremely satisfied[ ]  5. Moderately satisfied[ ]  4. Somewhat satisfied[ ]  3. Somewhat dissatisfied[ ]  2. Moderately dissatisfied[ ]  1. Extremely dissatisfied | [ ]  6. Extremely satisfied[ ]  5. Moderately satisfied[ ]  4. Somewhat satisfied[ ]  3. Somewhat dissatisfied[ ]  2. Moderately dissatisfied[ ]  1. Extremely dissatisfied |
| 2. How energetic and healthy do you feel right now? | 2. How much are you included in deciding your treatment? |
| [ ]  6. Extremely capable[ ]  5. Moderately capable[ ]  4. Somewhat capable[ ]  3. Somewhat incapable[ ]  2. Moderately incapable[ ]  1. Extremely incapable | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little [ ]  1. Not at all |
| 3. How much stress or pressure is in your life right now? | 3. Mental health workers involved in my case listen to me and know what I want. |
| [ ]  6. Very little[ ]  5. Some[ ]  4. Quite a bit[ ]  3. A moderate amount[ ]  2. A great deal[ ]  1. Unbearable amounts | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little[ ]  1. Not at all |
| 4. How optimistic are you about the future? | 4. I have a lot to say about what happens in my treatment. |
| [ ]  6. The future looks very bright[ ]  5. The future looks somewhat bright[ ]  4. The future looks OK[ ]  3. The future looks both good and bad[ ]  2. The future looks bad[ ]  1. The future looks very bad | [ ]  6. A great deal[ ]  5. Moderately[ ]  4. Quite a bit[ ]  3. Somewhat[ ]  2. A little[ ]  1. Not at all |

**Family Assessment**

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| --- | --- | --- | --- |
| **Please tell us how well each statement below describes your family(on a scale from 0 to 5).** | **Not at all like my family** |  | **Very much like my family** |
| 1. | My family spends too much time arguing. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | We don’t know how to work problems out. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | I don’t feel safe in my home. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | It is hard to know what the rules are in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | We don’t trust each other. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | You can’t say what you really think in my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | My family is there for me. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | I never know what to expect from my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | It’s ok to talk about my feelings with my family. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | My family doesn’t spend enough time having fun. | 0 | 1 | 2 | 3 | 4 | 5 |

**Enter data at:** **systemsofcare.ou.edu****. If you have questions, please email the E-TEAM YIS Help Desk at** **yis.eteam@ou.edu****.**