**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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**