YOUTH ASSESSMENT INDEX ver. 4.0c

(Sponsored by: QuickStart Systems, Inc.)

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Remember: This is an interview, not a test.

Call QuickStart Systems at (214)342-9020 for:
- Free copies of the Youth Assessment Index
- Free copies of the Clinical/Training ASI
- The Easy-YAI software, and
- Other Treatment Tracking Software.

INTRODUCING THE YAI:

Eight potential problem areas:
Current living situation, Legal, Medical, Family Relationships, Education/Work, Drug/Alcohol, Psycho/Social Adjustment, and Personal Relationships. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:
- 0 - Has never occurred
- 1 - Occurred more than 30 days ago
- 2 - Occurred the last 30 days
- 3 - Occurred during and before the last 30 days

Client Input:
Client input is important. For each area, I will ask you to let me know how bothered you have been by any problems in each section. I will also ask you how important counseling is to you for the area being discussed. The response to these questions will be a yes or no.

If you are uncomfortable giving an answer, then don't answer. *Please do not give inaccurate information! Remember: This is an interview, not a test.*

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this YAI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
4. N = Question not applicable.
5. Privately interview the youth about drug and alcohol use and personal relationships unless parents are reluctant or unwilling to leave.

HALF TIME RULE: If a question is interested in the number of months, round up periods of 14 days or more to 1 month. If the question is only interested in the number of years, round up 6 months or more to 1 year.

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

> 30 day questions only require the number of days used.
> Lifetime use is asked to determine extended periods of use.
> How to ask these questions:
  > How many days in the past 30 have you used....?
  > How many years in your life have you regularly used....?
> Use 99 percent to represent number of times used is one hundred or more

01 = Family /Friend
05 = Self Referral
06 = Employer
07 = School
09 = Technician Alternatives to Street Crime (TASC)
32 = Physician
33 = Council on alcohol and Drug Abuse
34 = Employee Assistance Program (EAP)
37 = Clergy
38 = Texas Rehabilitation Commission (TRC)
39 = Court Commitment
40 = Texas Dept. of Human Services (DPW, DHR)
41 = Substitute for Foster Care
50 = State Hospital Outreach Program
51 = AA, NA, Alanon, Alateen, Other Peer Support
52 = Community MHMR Center
53 = Other Non-Residential Program
60 = State Hospital
61 = Other Hospital
62 = Halfway House - Intermediate Care
63 = Long Term Care
64 = Non-Hospital Detox Facility
65 = Other Residential Program
70 = Police
71 = Probation (non-DWI)
72 = Probation (DWI)
73 = Parole
74 = Other Law Enforcement
75 = Texas Youth Commission
76 = TDJC/ID
77 = TAIP
78 = City/County Jail
80 = Other Individual
81 = Other Community Agency(not treatment, not law enforcement)

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine	Cocaine Crystal, Free-Base Cocaine or "Crack", and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetimine, Speed, Ice, Crystal,
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodur Other meds = Antipsychotics, Lithium

urce or referral:

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Section I: General Information

Interview site _____

Date: ____/____/____

Case #: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Interviewer: [ ][ ][ ][ ]

Initial/Follow-up: I=Initial F=Follow-up [ ]

1. _____
First Name Middle Last Name

2. _____
Address Line 1

_____
Address Line 2

_____
City State Zip Code County

(_____) _____-_____
Home Phone Number

(_____) _____- _____ Ext._____
Work Phone number

3. Sex : 1=Male 2=Female [ ]

4. Race: [ ]
1. White(not Hisp.)
2. African American (not Hisp.)
3. Hispanic-Mexican American
4. Hispanic-Mexican National
5. Hispanic-Puerto Rican
6. Hispanic-Cuban
7. Hispanic-Other
8. Alaskan Native
9. Asian/Pacific
0. Other
x. Unknown

5. Date of Birth: ____/____/____ Age: YEARS [ ][ ]

6.a. Your (youth's) Marital Status: [ ]
0=Never Married 1=Married 2=Divorced 3=Separated

b. Have you had any children (yes/no)? 0=No 1=Yes [ ]

c. Are you currently responsible for the care of any children(yes/no)? 0=No 1=Yes [ ]

7. SSN: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

8. Health Insurance type: [ ]
0=No health insurance
1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage
2=Other private insurance WITHOUT Substance Abuse Coverage
3=Blue Cross/Blue shield WITH Substance Abuse Coverage
4=Other private insurance WITH Substance Abuse Coverage
5=Medicaid
6=Medicare
7=CHAMPUS
8=Other Public Funds For Health Care
X=Unknown

9. _____
Insurance Provider Name

10. Ins. Policy #: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

11. _____
Insurance Provider Address Line 1

_____
Insurance Provider Address Line 2

_____
Insurance Provider's City State Zip

12. Source of referral: (see cover page) [ ][ ]

If referred by probation/parol e (or if currentl y on probation /parol e) :

13. _____
Probation/Parole Officer Name:

14. (_____)_____-_____Ext:_____
Probation /Parole Officer Phone Number

15. _____
Judge Name

16. Case Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

17. Charge Code [ ][ ][ ][ ][ ][ ]

18. _____
Charge Description

19. Other available documents on file (check all that apply):
a.) _____ Drug and Alcohol Assessment
b.) _____ School/Employment
c.) _____ Police
d.) _____ Psychological
e.) _____ Other _____

20. Does adolescent: [ ]
1=Understand and agree with the reason for the interview?
2=Agree?
3=understand?
4=Niether understand nor agree.

General Information Comments:
(Include the question number with your notes)

_____

_____

_____

_____

_____

_____

_____

Section II: Current Living Situation

1. Have you been in a controlled environment in the past 30 days? [ ] #DAYS [ ][ ]
1. No 4. Residential Treatment

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2. Group Home
3. Prison
5. Hospital-Based Program

2. With whom do you live (current caretakers)? ☐

1=Both Parents
2=Mother Only
3=Father Only
4=Mother & Stepfather
5=Father & Stepmother
6=Substitute or Foster Care
7=Institution
8=Alone
9=other
0=Other Relatives
A=Friends

3a. Current marital status of natural parents: ☐

0=Never Married
1=Married and living together
4=Both Deceased
5=Father Deceased

4. HEAD OF HOUSEHOLD:

a. Name: _____
b. Relationship: _____
c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____
e. Date of Birth: _____/_____/_____ ☐☐
f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐
g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation: _____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
1=Unable to work for health reasons
2=unable to keep job due to substance abuse problems
3=Needed at home to work or take care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment: $_____ Pension: $_____
Public Assistance: $_____ Family: $_____
Disability: $_____ Illegal: $_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

5. OTHER PRIMARY CARETAKER:

a. Name: _____
b. Relationship: _____

2=Divorced
3=Separated (married, not living together nor incarcerated)
6=Mother Deceased

3b. If either parent(s) is (are) deceased, how old were you at the time of their death:

Mother ☐☐
Father ☐☐

3c. Who has custody if parents are divorced/separated? ☐

N=N/A, Not divorced/separated
1=N/A, Youth is over 18
2=Father
3=Mother
4=Other Individual
5=Institution
6=Other

c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____
e. Date of Birth: _____/_____/_____ ☐☐
f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐
g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation: _____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
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9=Other
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m. Income:

Employment: $_____ Pension: $_____
Public Assistance: $_____ Family: $_____
Disability: $_____ Illegal: $_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

6. OTHER INVOLVED ADULTS:

a. _____
Name

b. _____
Relationship

c. _____

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Address

City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age

f. Social Security #:

g. Current employment Status:
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

OTHER INVOLVED ADULTS:

a. _____

Name

b. _____
Relationship

c. _____
Address

City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age

f. Social Security #:

g. Current employment Status:
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

Comments on Current Living Situation:
(Include the question number with your notes)

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SECTION III: LEGAL

(Include the question number with your notes)

1. Do you have a drivers license? 0=No 1=Yes ☐

   a.) Have your driving privileges ever been postponed, suspended or revoked? 0=No 1=Yes ☐

2. Have you ever been picked up by the police? 0=No 1=Yes ☐

   a.) How many times and at what age(first time)? Times ☐☐ Years ☐☐

3. Have you ever been taken to a police station? 0=No 1=Yes ☐

4. Have you ever been locked up? 0=No 1=Yes ☐

5. Have you ever been in front of a judge? 0=No 1=Yes ☐

6. Do you have a probation officer now? 0=No 1=Yes ☐

   a.)_____
   (Probation Officer name)

   b.) (_____)_____-_____ Ext:_____
   Probation officer's phone number

7. Are you currently facing charges or waiting to see a judge? 0=No 1=Yes ☐

8. Have you ever spent time in jail or in a detention center? 0=No 1=Yes ☐ DAYS ☐☐

9. When do you feel a need to defend yourself, what do you use (carry)? ☐
   0=Nothing 2=Guns
   1=Knives 3=Other (specify in comments)

10. Have you ever had a weapon taken away from you? 0=No 1=Yes ☐

11. When involved with the legal system, was:

    a.) someone hurt? 0=No 1=Yes ☐

    b.) property damaged? 0=No 1=Yes ☐

12. Do you think that you have legal problems? 0=No 1=Yes ☐

13. Would you like counseling for these problems? 0=No 1=Yes ☐

14. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

    Confidence Rating: 0=No 1=Yes ☐

Comments on Legal Section:

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SECTION IV: MEDICAL

1. How long ago was your last physical examination? MONTHS [ ][ ]
2. Do you have any chronic medical problems (e.g. diabetes, asthma, allergies, etc)? 0=No 1=Yes [ ]
3. Are you taking any prescribed medication at this time? 0=No 1=Yes [ ]
4. Have you had to visit an emergency room in the past year? 0=No 1=Yes [ ] TIMES [ ][ ]
5. Do you feel that you have a medical problem? 0=No 1=Yes [ ]
6. Would you like treatment for these medical problems? 0=No 1=Yes [ ]
7. Interviewer Severity Rating: 0=No need 1=Minor 2=Moderate 3=Urgent [ ]
8. Confidence Rating 0=No 1=Yes [ ]

SECTION V: FAMILY RELATIONSHIPS

1. Has your living arrangement changed in the past year? 0=No 1=Yes [ ]
2. Are you unhappy or dissatisfied with the current situation at home? 0=No 1=Yes [ ]
3. Have you ever lived away from home or parents (or current guardians)? 0=No 1=Yes [ ]
4. Have any of your brothers or sisters ever had to live away from home before they were eighteen years old? 0=No 1=Yes [ ]
5. Have you ever run away from home? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ] TIMES [ ][ ]
6. Is there a lot of arguing or fighting in your house? <OPT> If yes, how many times? 0=No 1=Yes [ ] TIMES [ ][ ]
7. Have you ever been a member of a gang? 0=No 1=Yes [ ]
   a) _____ b) Age at Start: YEARS [ ][ ]
   <OPT> Gang Name
8. Has any member of your immediate family or household?
   a) been arrested? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   b) been hospitalized overnight or longer? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   c) died? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
9. Have you ever:
   a) had serious problems in getting along with anyone in your household? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   b) had a physical fight with either of your parents /guardians? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   c) been involved in family counseling, or had a caseworker assigned to visit your family? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
10. Do you feel that you have a family problem? 0=No 1=Yes [ ]
11. Would you like counseling for these problems? 0=No 1=Yes [ ]
12. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent [ ]
13. Confidence Rating 0=No 1=Yes [ ]

Comments on Medical Section:
(Include the question number with your notes)

Comments on Family Relationships:
(Include the question number with your notes)

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SECTION VI: EDUCATION/WORK

1. _____
Name of current or last school attended

2. _____
School Address Line 1

_____
School Address Line 2

3. Current School Status: [ ]
1 = Graduated (or GED)
2 = Quit or dropped out
3 = Suspended
4 = Still in School(incl. Summer vacn).
5 = Enrolled in other educational skill development program
6 = Enrolled in or transferred from an institutional educational program

4. Current or highest grade completed: [ ][ ]

5. Days absent from school during last 6 week period: [ ][ ] Days

6. Have you ever received any special programming? 0=No 1=Yes [ ]

7. Number of D's or F's on last report card: [ ][ ]

a.) <OPT> Are you currently failing any classes? 0=No 1=Yes [ ]

8. Have you ever failed or repeated a grade: 0=No 1=Yes [ ] [ ][ ] Times

9. How many times have you been suspended or expelled (include in-school suspensions): [ ][ ] Times

a. Suspended? [ ][ ] Times b. Expelled? [ ][ ] Times

c. Are you currently suspended or expelled 0=No 1=Yes [ ]

d. # of days suspended in the last 6 weeks? [ ][ ] Days

10. Do you plan on graduating (or getting a GED)? 0=No 1=Yes [ ]

11. Have you ever:

a. skipped school or cut classes more than one time a week? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr [ ]

b. <OPT> If yes, have you gotten high when you skip? 0=No 1=Yes [ ]

c. had your parents been called by the school because of your behavior? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr [ ]

d. Had a serious argument or fight with a teacher? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr [ ]

12. What are your current source(s) of income(check all that apply):

__ Employment __ Public Assistance __ Other
__ Parents __ Social Security

<<If working>> a. Number of hours: [ ][ ] Hours

b. Net Income/week: $ [ ][ ][ ][ ]

13. Have you ever been fired from a job? 0=No 1=Yes [ ]

14. On average, how many weeks do you stay on a job? [ ][ ] Weeks

15. Do you have any skills or training that could help you get a job? (If yes, specify in comments). 0=No 1=Yes [ ]

16. Do you feel that you have a school or work problem? 0=No 1=Yes [ ]

17. Would you like counseling for these problems? 0=No 1=Yes [ ]

Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent [ ]

Confidence Rating: 0=No 1=Yes [ ]

SECTION VII: DRUG / ALCOHOL

Comments on Education/Work:
(Include the question number with your notes)

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How many of your five closest friends:
Smoke [ ][ ] b. Drink [ ][ ] c. Do Drugs [ ][ ]

2. Do you smoke cigarettes? 0=NO 1=YES [ ]
a. <OPT> If yes, how old were you when you started smoking regularly (3 or more times/week)? YEARS [ ][ ]

3. Substance Abuse Patterns:
a. Have you ever used drugs & alcohol? 0=NO 1=YES [ ]
<<IF NO ALCOHOL OR DRUG USE IS REPORTED IN #3a, SKIP TO QUESTION #5>>

b.

SUBSTANCE:	CODAP Code	1ST AGE	#TIMES LAST YR	#TIMES LAST MO.	CODAP FREQ <OPT>	CODAP ROUTE <OPT>
ALCOHOL	04					
MARIJUANA	09					
COCAINE	08					
CRACK	08					
INHALANTS	11					
SPEED	07					
TOTAL DEPRESSANTS	05					
HALLUCINOGENS	10					
HERION	01					
NON-RX METHADONE	02					
OTHER OPIATES	03					
OVER-THE-COUNTER	12					
TRANQUILIZERS	13					
ECSTACY	15					
PCP	21					
OTHER	14					
TOTAL OTHER						

The frequency and Route columns in the substance table are not required or entered into the computer system. They are used to gather data for the CODAP summary below.

c. <OPT> CODAP Summary:
(To be filled out by interviewer after interview)

PROBLEMS	Primary	Secondary	Tertiary
Substances:			
Severity:			
Frequency:			
Route:			
Year of 1st use:			

SEVERITY
0=Use (not a problem)
1=Primary
2=Secondary
3=Tertiary

FREQUENCY
0=None, did not happen
1=Less than once/week
2=Once per week
3=Several times/week
4=Once daily
5=2 to 3 times daily
6=More than 3 times daily

ROUTE OF ADMIN
1=Oral
2=Smoking
3=Inhalation
4=Intramuscular
5=Intravenous

Comments on Alcohol/Drug use:
(Include the question number with your notes)

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Have you ever:

a. used drugs or alcohol before or during school? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. missed school because you were hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. missed work because you were high or hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. been told you should cut down or stop using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

e. been in a program to get help for a drug problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

f. been in a program to get help for an alcohol problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

g. gotten into trouble (including this incident) for things you've done while you were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

5. Have you ever been:

a. at a party where alcohol was served? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. at a party where drugs were available? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. accused by your parents, teachers, or employer of being drunk or high? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. in a car where the driver or others were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

Have any of you FRIENDS ever:

a. asked you to get drugs or alcohol for them? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. tried to get you to drink or use drugs? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. been treated for drug or alcohol problems? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

7. How much money have you spent during the last month on:

a. Alcohol $ ☐☐☐☐

b. Drugs $ ☐☐☐☐

8. Do either of your parents or other members of your household have (or have had) a drug or alcohol problem?

Mother: 0=NO 1=YES ☐

Brothers/Sisters 0=NO 1=YES ☐

Father: 0=NO 1=YES ☐

Other Relatives: 0=NO 1=YES ☐

Other Non-Related 0=NO 1=YES ☐

9. Are you permitted to drink at home (excluding small amounts on special occasions)? 0=NO 1=YES ☐

10. Do you feel that you have drug/alcohol problems? 0=NO 1=YES ☐

11. Would you like treatment or counseling for these problems? 0=NO 1=YES ☐

Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

13. Confidence Rating: 0=NO 1=YES ☐

Comments:
(Include the question number with your notes)

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SECTION VIII: PSYCHO/SOCIAL ADJUSTMENT

1. Have you ever been treated for an emotional problem by a psychiatrist, psychologist or other counselor? (If yes, specify name, company name and address in comments). 0=NO 1=YES ☐

2. Has there ever been a time (a few days or more) when you have:

a. felt very unhappy, sad, depressed? ☐

b. felt worried, afraid, scared? ☐

c. felt very lonely, all alone, isolated? ☐

d. felt like a failure or worthless? ☐

e. had trouble controlling your anger? ☐

f. had trouble falling or staying asleep? ☐

g. lost your appetite or worried about your weight? ☐

h. heard voices? ☐

i. seen things? ☐

SCALE	
0=No	2=Past Mo.
1=Month+	3=Past& Bfr.

3. Have you ever had serious thoughts of hurting yourself? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

4. Have you ever attempted suicide? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

5. Have you ever:

a. had trouble making or keeping friends? 0=NO 1=YES ☐

b. had serious problems with your girlfriend/boyfriend? 0=NO 1=YES ☐

c. felt like no one really cared about you? 0=NO 1=YES ☐

d. gotten into trouble because of your friends? 0=NO 1=YES ☐

e. gambled? 0=NO 1=YES ☐

6. Do you think that you have emotional problems? 0=NO 1=YES ☐

7. Would you like counseling for these problems? 0=NO 1=YES ☐

8. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

Confidence Rating: 0=NO 1=YES ☐

Comments on Psycho/Social Adjustment:
(Include the question number with your notes)

SECTION IX: PERSONAL RELATIONSHIPS

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1. Have you ever had a serious relationship (boyfriend or girlfriend)? 0=NO 1=YES ☐
2. Are you currently involved in a serious relationship? 0=NO 1=YES ☐
   a. If yes, are you unhappy or dissatisfied with this relationship? 0=NO 1=YES ☐
3. Have you ever had sex? <<If no, skip to question#11>> 0=NO 1=YES ☐
4. How old were you when you first had sex? YEARS ☐☐
5. How many sexual partners have you had in the last six months? ☐☐
6. Have you ever had sex without using precautions? 0=NO 1=YES ☐
7. How about in the last six months? 0=NO 1=YES ☐
8. What methods of protection do you currently use:

a. Nothing	0=SOME 1=EVERY	☐	e. Condom	0=SOME 1=EVERY	☐
b. Withdrawal	0=SOME 1=EVERY	☐	f. Implant	0=SOME 1=EVERY	☐
c. Diaphragm	0=SOME 1=EVERY	☐	g. Other	0=SOME 1=EVERY	☐
d. B. C. Pill	0=SOME 1=EVERY	☐	(Specify in comments)		

9. Have you ever had a sexually transmitted disease (like gonorrhea, clap, VD, etc.) 0=NO 1=YES ☐
10. a. <FEMALE>Have you ever been pregnant? 0=NO 1=YES ☐
    b. <MALE>Have you ever gotten somebody pregnant? 0=NO 1=YES ☐
11. Have you been taught about avoiding HIV/AIDS? 0=NO 1=YES ☐
    Can you tell me how someone can avoid getting AIDS? (Specify in comments)
12. Have you ever been abused:
    a. Physically? 0=NO 1=YES ☐
    b. Sexually? 0=NO 1=YES ☐
    c. If yes, was the incident investigated? 0=NO 1=YES ☐
    d. Have you ever physically or sexually abused someone else? 0=NO 1=YES ☐
13. Have you ever seriously considered calling the police because of the way members of your household were acting? (If yes, specify in comments). 0=NO 1=YES ☐
14. Have you ever been forced/pressured into having sex? 0=NO 1=YES ☐
    a. If no, have you ever been touched in a way that you did not like? 0=NO 1=YES ☐
    b. Have you ever forced/pressured someone into having sex? 0=NO 1=YES ☐
15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening? 0=NO 1=YES ☐
16. Do you need help/counseling on the above subjects? 0=NO 1=YES ☐
17. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐☐

Confidence Rating 0=NO 1=YES ☐

mments on Personal Relationships:
ude the question number with your notes)

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SECTION X: PROFILE

1. Severity Profile:

	0	1	2	3
Legal				
Family				
Education				
Medical				
Psy. /Soc. Adj.				
Substance use				
Personal				

2. Guardian Assessment:

	Agree	Disagree
Legal		
Family		
Education		
Medical		
Psy./Soc. Adj.		
Substance use		
Personal		

Relationship of Rater: _____

3. Overall Confidence Rating:

Do you feel the information is significantly distorted by:

a. Client's misrepresentation? 0=NO 1=YES ☐

b. Client's inability to understand? 0=NO 1=YES ☐

4. How long did this interview last? MINUTES ☐☐☐

Comments on Profile:
(Include the question number with your notes)

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