

Please read the following instructions to the consumer:

This simple, five-minute self-assessment is intended to empower you. Answering the questions will give you a chance to tell us how you are doing. Your answers will be used in treatment planning. Answers may also be used in research to help others. You may choose to skip any question that you do not want to answer. There are three ways to answer questions on the self-assessment: circle the number or check the box that corresponds to your answer, or write your answer (always a number) in the boxes provided.

In the past 7 days ...	Never	Rarely	Some- times	Often	Always
1. I felt sad.	1	2	3	4	5
2. I felt worthless.	1	2	3	4	5
3. I felt lonely.	1	2	3	4	5
4. I enjoyed life.	1	2	3	4	5
5. I worried.	1	2	3	4	5
6. I felt tense.	1	2	3	4	5
7. I felt nervous.	1	2	3	4	5
8. I enjoyed spending time with friends.	1	2	3	4	5
9. I trusted a friend.	1	2	3	4	5
10. I felt satisfied with my friendships.	1	2	3	4	5
11. I enjoyed being with members of my family.	1	2	3	4	5
12. I trusted members of my family.	1	2	3	4	5
13. I was interested in what family members said to me.	1	2	3	4	5
14. I felt bad when someone's feelings were hurt.	1	2	3	4	5
15. I tried to understand how people felt.	1	2	3	4	5
16. I had a hard time concentrating.	1	2	3	4	5
17. People told me I should pay more attention.	1	2	3	4	5
18. I had a hard time following directions.	1	2	3	4	5
19. People said I talked too much.	1	2	3	4	5

In the past 7 days (continued)...	Never	Rarely	Some- times	Often	Always
20. People said I interrupted.	1	2	3	4	5
21. I had trouble sitting still.	1	2	3	4	5
22. I did what adults told me to do.	1	2	3	4	5
23. I damaged someone else's property.	1	2	3	4	5
24. I stole something that did not belong to me.	1	2	3	4	5
25. I yelled at someone when I was angry.	1	2	3	4	5
26. I lost my temper.	1	2	3	4	5
27. I got into physical fights.	1	2	3	4	5
28. I liked where I lived.	1	2	3	4	5
29. I thought I could overcome my difficulties.	1	2	3	4	5
30. I learned from my mistakes.	1	2	3	4	5
31. I liked myself.	1	2	3	4	5

32. Did you take any medication for depression, anxiety, ADHD or any other mental health issue? 1 Yes
0 No

In the past 7 days ...	Never	Rarely	Some- times	Often	Always	Does Not Apply
33. My medications helped me.	1	2	3	4	5	*
34. I took my medications the way they were prescribed.	1	2	3	4	5	*
35. I was bothered by medication side effects. (For example, headaches, trouble sleeping, trouble eating, drowsiness, or weight changes.)	1	2	3	4	5	*

36. How many hours did you work for pay? (If none, enter 0.)

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Number of Hours

In the past 7 days (continued) ...

37. How many hours did you take part in physical activities such as basketball, dance, or exercise? (If none, enter 0.)

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Number of Hours

38. How many hours did you take part in organized group activities, including participation in clubs, music groups, religious activities, etc.? (If none, enter 0.)

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Number of Hours

The remaining questions ask about the **past 30 days**.

In the past 30 days...

39. Were you enrolled in school in the past 30 days?

1 Yes

0 No

40. On how many days were you marked absent from school for any reason? (If none, enter 0; if she/he was not enrolled in school, please check "Does Not Apply.")

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Number of Days
* Does Not Apply

41. On how many days were you absent from school due to suspension or expulsion? (If none, enter 0; if you she/he was not enrolled in school, please check "Does Not Apply.")

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Number of Days
* Does Not Apply

42. On your last report card, what was your grade in Math? (Check only one.)

- 1 A
- 2 B
- 3 C
- 4 D
- 5 F
- 6 Not Applicable

43. On your last report card, what was your grade in English/Language Arts? (Check only one.)

- 1 A
- 2 B
- 3 C
- 4 D
- 5 F
- 6 Not Applicable

In the past 30 days...

44. On how many nights did you stay overnight in a psychiatric hospital, or substance abuse program? (If none, enter 0.)

Number of Nights

45. How many times did you visit the emergency room for emotional or behavioral problems, or for alcohol or drug use? (If none, enter 0.)

Number of Times

46. How many cigarettes **per day** did you usually smoke? (If none, enter 0.)
(There are 20 cigarettes in a pack.)

Number of Cigarettes

47. On how many days did you drink alcohol? (If none, enter 0.)

Number of Days

48. On how many days did you use any drugs to get high? (If none, enter 0.)
(For example, marijuana, meth, cocaine or narcotics such as Oxycontin or codeine.)

Number of Days

49. How many times were you arrested? (If none, enter 0.)

Number of Times

50. How many times has a police officer talked to you about your behavior?
(Do not include arrests.)

Number of Times

51. Where did you live most of the time? (Check only one.)

3 Foster home

4 Group home, rehabilitation center, residential treatment center

6 Nursing Home or Hospital

7 Jail/Detention or Correctional Facility

8 Homeless (runaway, shelter, car, on the streets)

10 Private house, condo, apartment – with family/extended family or non relative

12 Crisis Residence (A time-limited, 24-hour residential program)