



**Ohio Mental Health Consumer Outcomes System**  
**Ohio Youth Problem, Functioning, and Satisfaction Scales**  
 Parent Rating – Short Form

**P**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Completed by Agency

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By:  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_

Instructions: Please rate the degree to which your 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
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total \_\_\_\_\_

**Instructions:** Please circle your response to each question.

1. Overall, how satisfied are you with your relationship with your child right now?
  1. Extremely satisfied
  2. Moderately satisfied
  3. Somewhat satisfied
  4. Somewhat dissatisfied
  5. Moderately dissatisfied
  6. Extremely dissatisfied
2. How capable of dealing with your child's problems do you feel right now?
  1. Extremely capable
  2. Moderately capable
  3. Somewhat capable
  4. Somewhat incapable
  5. Moderately Incapable
  6. Extremely incapable
3. How much stress or pressure is in your life right now?
  1. Very little
  2. Some
  3. Quite a bit
  4. A moderate amount
  5. A great deal
  6. Unbearable amounts
4. How optimistic are you about your child's future right now?
  1. The future looks very bright
  2. The future looks somewhat bright
  3. The future looks OK
  4. The future looks both good and bad
  5. The future looks bad
  6. The future looks very bad

Total: \_\_\_\_\_

**Instructions:** Please circle your response to each question.

1. How satisfied are you with the mental health services your child has received so far?
  1. Extremely satisfied
  2. Moderately satisfied
  3. Somewhat satisfied
  4. Somewhat dissatisfied
  5. Moderately dissatisfied
  6. Extremely dissatisfied
2. To what degree have you been included in the treatment planning process for your child?
  1. A great deal
  2. Moderately
  3. Quite a bit
  4. Somewhat
  5. A little
  6. Not at all
3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
  1. A great deal
  2. Moderately
  3. Quite a bit
  4. Somewhat
  5. A little
  6. Not at all
4. To what extent does your child's treatment plan include your ideas about your child's treatment needs?
  1. A great deal
  2. Moderately
  3. Quite a bit
  4. Somewhat
  5. A little
  6. Not at all

Total: \_\_\_\_\_

**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
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

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(Add ratings together) Total \_\_\_\_\_