



Ohio Mental Health Consumer Outcomes System
Ohio Youth Problem, Functioning, and Satisfaction Scales
 Youth Rating – Short Form (Ages 12-18)



Name: _____ Date: _____ Grade: _____

ID#: _____
Completed by Agency

Date of Birth: _____ Sex: Male Female Race: _____

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
	0	1	2	3	4	5
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 _____

<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. Overall, how satisfied are you with your life right now? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. How energetic and healthy do you feel right now? <ol style="list-style-type: none"> 1. Extremely healthy 2. Moderately healthy 3. Somewhat healthy 4. Somewhat unhealthy 5. Moderately unhealthy 6. Extremely unhealthy 3. How much stress or pressure is in your life right now? <ol style="list-style-type: none"> 1. Very little stress 2. Some stress 3. Quite a bit of stress 4. A moderate amount of stress 5. A great deal of stress 6. Unbearable amounts of stress 4. How optimistic are you about the future? <ol style="list-style-type: none"> 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 <p style="text-align: right;">Total: _____</p>	<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. How satisfied are you with the mental health services you have received so far? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. How much are you included in deciding your treatment? <ol style="list-style-type: none"> 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 me and know what I want. <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all 4. I have a lot of say about what happens in my treatment. <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all <p style="text-align: right;">Total: _____</p>
---	--

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	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

(Add ratings together) Total _____