Youth Outcome Questionnaire-Self Report (Y-OQ®-SR 2.0)

Name _____ ID# _____ Today's Date _____

Date of Birth _____ Sex: Male ___ Female ___ Parent/Guardian _____

PURPOSE: The Y-OQ®-SR 2.0 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ®-SR 2.0 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:
- Read each statement carefully.
- Decide how true this statement is during the past **7 days**.
- Check the box that most accurately describes the past week.
- Check only one answer for each statement and erase unwanted marks clearly.

PLEASE COMPLETE BOTH SIDES

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always	For Office Use Only: ID	S	IR	SP	BD	CI
1. **I want to be alone more than others my same age.**	☐0	☐1	☐2	☐3	☐4						
2. **I have headaches or feel dizzy.**	☐0	☐1	☐2	☐3	☐4						
3. **I don't participate in activities that used to be fun.**	☐0	☐1	☐2	☐3	☐4						
4. **I argue or speak rudely to others.**	☐0	☐1	☐2	☐3	☐4						
5. **I have more fears than others my same age.**	☐0	☐1	☐2	☐3	☐4						
6. **I cut classes or skip school altogether.**	☐0	☐1	☐2	☐3	☐4						
7. **I cooperate with rules and expectations of adults.**	☐2	☐1	☐0	☐-1	☐-2						
8. **I have a hard time finishing my assignments or I do them carelessly.**	☐0	☐1	☐2	☐3	☐4						
9. **I complain about things that are unfair.**	☐0	☐1	☐2	☐3	☐4						
10. **I have trouble with constipation or diarrhea**	☐0	☐1	☐2	☐3	☐4						
11. **I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.**	☐0	☐1	☐2	☐3	☐4						
12. **I worry and can't get thoughts out of my mind.**	☐0	☐1	☐2	☐3	☐4						
13. **I steal or lie.**	☐0	☐1	☐2	☐3	☐4						
14. **I have a hard time sitting still (or I have too much energy).**	☐0	☐1	☐2	☐3	☐4						
15. **I feel anxious or nervous**	☐0	☐1	☐2	☐3	☐4						
16. **I talk with others in a friendly way.**	☐2	☐1	☐0	☐-1	☐-2						
17. **I am tense and easily startled (jumpy).**	☐0	☐1	☐2	☐3	☐4						
18. **I have trouble with wetting or messing my pants or bed.**	☐0	☐1	☐2	☐3	☐4						
19. **I physically fight with adults.**	☐0	☐1	☐2	☐3	☐4						
20. **I see, hear, or believe in things that are not real.**	☐0	☐1	☐2	☐3	☐4						
21. **I have hurt myself on purpose (for example, cut, scratched, or attempted suicide).**	☐0	☐1	☐2	☐3	☐4						
22. **I use alcohol or drugs.**	☐0	☐1	☐2	☐3	☐4						
23. **I am disorganized (or I can't seem to get organized).**	☐0	☐1	☐2	☐3	☐4						
24. **I enjoy my relationships with family and friends.**	☐2	☐1	☐0	☐-1	☐-2						
25. **I am sad or unhappy.**	☐0	☐1	☐2	☐3	☐4						
26. **I have pain or weakness in muscles or joints.**	☐0	☐1	☐2	☐3	☐4						
27. **I have a hard time trusting friends, family members, or other adults.**	☐0	☐1	☐2	☐3	☐4						
28. **I think that others are trying to hurt me even when they are not.**	☐0	☐1	☐2	☐3	☐4						
29. **I have threatened to, or have run away from home.**	☐0	☐1	☐2	☐3	☐4						
30. **My emotions are strong and change quickly**	☐0	☐1	☐2	☐3	☐4						
SUBTOTALS											

SAMPLE

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	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always	ID	S	IR	SP	BD	CI
31. I break rules, laws, or don't meet others' expectations on purpose.+	☐0	☐1	☐2	☐3	☐4						
32. I am happy with myself.	☐2	☐1	☐0	☐-1	☐-2						
33. I pout, cry, or feel sorry for myself more than others my age.	☐0	☐1	☐2	☐3	☐4						
34. I withdraw from my family and friends	☐0	☐1	☐2	☐3	☐4						
35. My stomach hurts or I feel sick more than others my same age.	☐0	☐1	☐2	☐3	☐4						
36. I don't have friends or I don't keep friends very long.	☐0	☐1	☐2	☐3	☐4						
37. My parents or guardians don't approve of my friends.	☐0	☐1	☐2	☐3	☐4						
38. I think I can hear other people's thoughts or that they can hear mine.	☐0	☐1	☐2	☐3	☐4						
39. I am involved in sexual behavior that my friends or family would not approve of.	☐0	☐1	☐2	☐3	☐4						
40. I have a hard time waiting for my turn in activities or conversations.	☐0	☐1	☐2	☐3	☐4						
41. I think about suicide or feel I would be better off dead.	☐0	☐1	☐2	☐3	☐4						
42. I have nightmares, trouble getting to sleep, oversleeping, or waking up too early	☐0	☐1	☐2	☐3	☐4						
43. I complain about or question rules, expectations, or responsibilities	☐0	☐1	☐2	☐3	☐4						
44. I have times of unusual happiness or excessive energy	☐0	☐1	☐2	☐3	☐4						
45. I'm generally okay with frustration or boredom.	☐2	☐1	☐0	☐-1	☐-2						
46. I am afraid I am going crazy.	☐0	☐1	☐2	☐3	☐4						
47. I feel guilty when I do something wrong.	☐2	☐1	☐0	☐-1	☐-2						
48. I demand a lot from others or I am pushy.	☐0	☐1	☐2	☐3	☐4						
49. I feel irritated.	☐0	☐1	☐2	☐3	☐4						
50. I throw-up or feel sick to my stomach more than others my age.	☐0	☐1	☐2	☐3	☐4						
51. I get angry enough to threaten others.	☐0	☐1	☐2	☐3	☐4						
52. I get into trouble when I'm bored.	☐0	☐1	☐2	☐3	☐4						
53. I'm hopeful and positive.	☐2	☐1	☐0	☐-1	☐-2						
54. Muscles in my face, arms, or body twitch or jerk.	☐0	☐1	☐2	☐3	☐4						
55. I destroy property on purpose.	☐0	☐1	☐2	☐3	☐4						
56. I have a hard time concentrating, thinking clearly, or sticking to tasks.	☐0	☐1	☐2	☐3	☐4						
57. I get down on myself and blame myself for things that go wrong.	☐0	☐1	☐2	☐3	☐4						
58. I have lost a lot of weight without being sick.	☐0	☐1	☐2	☐3	☐4						
59. I act without thinking and don't worry about what will happen.	☐0	☐1	☐2	☐3	☐4						
60. I am calm	☐2	☐1	☐0	☐-1	☐-2						
61. I don't forgive myself for things I've done wrong.	☐0	☐1	☐2	☐3	☐4						
62. I don't have much energy.	☐0	☐1	☐2	☐3	☐4						
63. I feel like I don't have any friends or that no one likes me.	☐0	☐1	☐2	☐3	☐4						
64. I get frustrated or upset easily, and give up.	☐0	☐1	☐2	☐3	☐4						
					This Page Subtotals						
					Side 1 Subtotals						
					SUBSCALE TOTALS (Sum of Subtotals)						

TOTAL =

SAMPLE

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