

Problem-Oriented Screening Instrument for Teenagers

INSTRUCTIONS

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly.

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true.

You may see the same or similar questions more than once. Please just answer each question as it comes up. Please put an "X" through your answer.

If you do not understand a word, please ask for help. You may begin.

Name: _____

Sex: Male Female Birth Date: ____/____/____ Hispanic Origin: Y / N

Race: American Indian Asian/Pacific Islander African American White Other _____

1.	Do you have so much energy you don't know what to do with it?	Yes	No
2.	Are you good at talking your way out of trouble?	Yes	No
3.	Have you recently either lost or gained more than 10 pounds?	Yes	No
4.	Do you often feel tired?	Yes	No
5.	Are you a good speller?	Yes	No
6.	Have you ever read a book cover to cover for your own enjoyment?	Yes	No
7.	Do you get frustrated easily?	Yes	No
8.	Do you get into trouble because you use drugs or alcohol at school?	Yes	No
9.	Have you had trouble with stomach pain or nausea?	Yes	No
10.	Do you have a hot temper?	Yes	No
11.	Do your parents or guardians pay attention when you talk with them?	Yes	No
12.	Have you ever had sex with someone who shot up drugs?	Yes	No
13.	Do you get easily frightened?	Yes	No
14.	Do your parents or guardians argue a lot?	Yes	No
15.	Do you have less energy than you think you should?	Yes	No
16.	Do you miss out on activities because you spend too much money on drugs or alcohol?	Yes	No

17. Do you threaten to hurt people?	Yes	No
18. Do you feel alone most of the time?	Yes	No
19. Do you sleep either too much or too little?	Yes	No
20. Do you swear or use dirty language?	Yes	No
21. Are you a good listener?	Yes	No
22. Have you had any accidents or injuries that still bother you?	Yes	No
23. Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	Yes	No
24. Do you rush into things without thinking about what could happen?	Yes	No
25. Have you lied to anyone in the past week?	Yes	No
26. Do your parents or guardians refuse to talk with you when they are mad at you?	Yes	No
27. Are you a good reader?	Yes	No
28. Do you feel nervous most of the time?	Yes	No
29. Do people pick on you because of the way you look?	Yes	No
30. Have you stolen things?	Yes	No
31. Do you ever feel you are addicted to alcohol or drugs?	Yes	No
32. Do your parents or guardians and you do lots of things together?	Yes	No
33. Do you get into fights a lot?	Yes	No
34. Do you get A's and B's in some classes and fail others?	Yes	No
35. Have the whites of your eyes ever turned yellow?	Yes	No
36. Do you feel people are against you?	Yes	No
37. Is it easy to learn new things?	Yes	No
38. Do your parents or guardians usually know where you are and what you are doing?	Yes	No
39. Have you ever been told you are hyperactive?	Yes	No
40. Are you stubborn?	Yes	No
41. Do you have trouble with your breathing or with coughing?	Yes	No
42. Do you have a constant desire for alcohol or drugs?	Yes	No
43. Do your parents or guardians have rules about what you can and cannot do?	Yes	No

44. Do you often act on the spur of the moment?	Yes	No
45. Have you ever threatened anyone with a weapon?	Yes	No
46. Do you hear things no else around you hears?	Yes	No
47. Have you started using more and more drugs or alcohol to get the effect you want?	Yes	No
48. Do people tell you that you are careless?	Yes	No
49. Do you have trouble concentrating?	Yes	No
50. Do your parents or guardians know what you really think or feel?	Yes	No
51. Do you ever leave a party because there is no alcohol or drugs?	Yes	No
52. Are you suspicious of other people?	Yes	No
53. Do you have trouble getting your mind off things?	Yes	No
54. Have you ever had a car accident while high on alcohol or drugs?	Yes	No
55. Do your parents or guardians like talking with you and being with you?	Yes	No
56. Have you ever intentionally damaged someone else's property?	Yes	No
57. Do you forget things you did while drinking or using drugs?	Yes	No
58. Does your mind wander a lot?	Yes	No
59. Do you and your parents or guardians have frequent arguments which involve yelling and screaming?	Yes	No
60. Do you worry a lot?	Yes	No
61. Have you ever spent the night away from home when your parents didn't know where you were?	Yes	No
62. During the past month, have you driven a car while you were drunk or high?	Yes	No
63. Do you have a good memory?	Yes	No
64. Do your parents or guardians have a pretty good idea of your interests?	Yes	No
65. Are you louder than other kids?	Yes	No
66. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	Yes	No
67. Have you cut school at least five days in the past year?	Yes	No
68. Do you have trouble with written work?	Yes	No
69. Do you feel sad most of the time?	Yes	No

70. Do you miss school or arrive late for school because of your alcohol or drug use?	Yes	No
71. Do you tease others a lot?	Yes	No
72. Do you have trouble sleeping?	Yes	No
73. Do you have a hard time following directions?	Yes	No
74. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	Yes	No
75. Do you have trouble with math?	Yes	No
76. During the past month, have you skipped school?	Yes	No
77. Do you feel you lose control and get into fights?	Yes	No
78. Do you have serious arguments with friends or family members because of your drinking or drug use?	Yes	No
79. Do you ever feel you can't control your alcohol or drug use?	Yes	No
80. Do you have a hard time planning and organizing?	Yes	No
81. Are you afraid to be around people?	Yes	No
82. Does school sometimes make you feel stupid?	Yes	No
83. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?	Yes	No
84. Do your parents or guardians usually agree about how to handle you?	Yes	No
85. Do you often feel like you want to cry?	Yes	No
86. Do you feel you study longer than your classmates and still get poorer grades?	Yes	No
87. Have you ever had sexual intercourse without using a condom?	Yes	No
88. Are you restless and can't sit still?	Yes	No
89. Do you brag?	Yes	No
90. Is school hard for you?	Yes	No
91. Do you have trouble getting along with any of your friends because of your alcohol or drug use?	Yes	No
92. Do you scream a lot?	Yes	No
93. Do you have trouble finding the right words to express what you are thinking?	Yes	No