

Name: _____

Date: _____

Name of Parent: _____

PURPOSE: Have your child complete this questionnaire. Thank-you.

The YOQ.SR-2 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and 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 circle the "Never or almost never" category. When you begin to complete the YOQ.SR-2 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 for you during the **past 7 days**.
- Circle the number that most accurately describes you **during the past week**.
- **Circle only one answer for each statement and erase unwanted marks clearly.**

PLEASE COMPLETE BOTH SIDES

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

- 0 1 2 3 4 **1. I want to be alone more than others my 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. Is more fearful than other children of the 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.**
0 1 2 3 4 **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 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.**
0 1 2 3 4 **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.**

PLEASE CONTINUE TO SECOND PAGE

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

My Child:

- 0 1 2 3 4 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 31. I break rules, laws, or don't meet others' expectations on purpose.
- 0 1 2 3 4 32. I am happy with myself.
- 0 1 2 3 4 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 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 I 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 am generally okay with frustration or boredom.
- 0 1 2 3 4 46. I am afraid I'm going crazy.
- 0 1 2 3 4 47. I feel guilty when I do something wrong.
- 0 1 2 3 4 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 I 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 am bored
- 0 1 2 3 4 53. I am hopeful and positive.
- 0 1 2 3 4 54. Muscles in my face, arms, or body twitch or jerk..
- 0 1 2 3 4 55. I destroyed 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 to 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.
- 0 1 2 3 4 61. I don't forgive myself for things I have 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.

Guidelines for Clinical Interpretation

The YOQ[®]-2.0 total score quantifies overall level of disturbance. A score of 46 or higher is in the clinical or dysfunctional range. A score under 46 is considered to be in the normal or non-clinical range. The reliable change index for the YOQ[®]-2.0 is 13 points. This means that a patient must change by at least 13 points for that change to be considered clinically significant.