YOUTH INVENTORY - 4: SELF REPORT

Your Name		Today's Date
Date of Birth	Age	Male/Female

DIRECTIONS: Check which rating best describes your overall behavior.
Answer each question to the best of your ability

GROUP A		Never	Sometimes	Often	Very Often
1.	I make careless mistakes.				
2.	I have trouble paying attention.				
3.	I have trouble following directions.				
4.	I start things but do not finish them.				
5.	I have trouble getting organized.				
6.	I try to avoid doing things that require a lot of concentration like schoolwork and homework.				
7.	I lose things.				
8.	I am easily distracted by other things going on.				
9.	I am forgetful.				
10.	I am fidgety.				
11.	I have trouble sitting still.				
12.	I feel restless and jittery.				
13.	I have trouble doing things quietly.				
14.	I am a person who is "on the go."				
15.	People say that I talk too much.				
16.	I blurt out the answers to questions before I hear the entire question.				
17.	I get frustrated when I have to wait my turn to do things.				
18.	I interupt others or butt into other people's business.				

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GROUP B		Never	Sometimes	Often	Very Often
19.	I skip school.				
20.	I stay out at night when I am not supposed to.				
21.	I lie to get my own way and to get out of doing things.				
22.	I threaten to hurt people.				
23.	I start physical fights.				
24.	I run away from home overnight.				
25.	I take things when other people are not looking.				
26.	I destroy other peoples property.				
27.	I set fires.				
28.	I force people to give me their money or things.				
29.	I break into houses, buildings, or cars.				
30.	I use a weapon when I fight (bat, bottle, knife, etc.)				
31.	I try to hurt animals.				
32	I try to physically hurt people.				
33.	I force people into sexual activity.				

GROUP C		Never	Sometimes	Often	Very Often
34.	I lose my temper				
35.	I argue with adults.				
36.	I don't do what adults tell me to do.				
37.	I try to do things to annoy people.				
38.	I blame others for my own mistakes.				
39.	Other people annoy me.				
40.	I get angry.				
41.	When I get angry, I take it out on others.				

GROUP D		Never	Sometimes	Often	Very Often
42.	I worry a lot.				
43.	I have trouble getting myself to stop worrying.				
44.	I feel nervous.				
45.	I feel grouchy or cranky.				
46.	I get real tense and can't relax.				

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GROUP E		Never	Sometimes	Often	Very Often
47.	I am very afraid of certain things like animals, heights, storms, going places alone, or being "trapped".				
48.	There are times when my heart pounds a lot and I feel dizzy and shaky and have difficulty breathing.				
49.	I have really upsetting thoughts and I cannot get them out of my mind.				
50.	I have habits that I just have to do over and over again like washing my hands, checking to see if locks are locked, or repeating things a set number of times.				
51.	Really upsetting things have happened to me and they still bother me.				
52.	I have really bad memories or dreams.				
53.	I have habits that I cannot control like eye blinking, nose twitching, shoulder shrugging, lip licking, or head jerking.				
54.	I make sounds that I cannot control like coughing, throat clearing, sniffling, or grunting.				
55.	I get aches and pains for no reason, like headaches or upset stomach.				
56.	I worry a lot about my health.				
57.	I get real nervous in social situations.				
58.	I am really shy when I am around other kids my age.				

GROUP F		Never	Sometimes	Often	Very Often
59.	I get very upset when I have to leave home.				
60.	I worry that my parents will be hurt or leave home and not come back.				
61.	I try to avoid going to school in order to stay home with my parent.				
62.	I worry about being left at home alone.				
63.	I have nightmares about being left alone.				

GROUP G		Never	Sometimes	Often	Very Often
64.	I prefer to be alone rather than with my family.				
65.	I prefer to be alone rather than with my friends.				

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GROUP H		Never	Sometimes	Often	Very Often
66.	I think that people are trying to get me or hurt me.				
67.	I hear voices talking to me or telling me to do things.				
68.	My ideas run together and I cannot think clearly.				
69.	I get really angry and lose control of myself.				
70.	I laugh or cry at the wroing times.				

GROUP I		Never	Sometimes	Often	Very Often
71.	I feel unhappy or sad.				
72.	I don't feel like doing anything.				
73.	I think about death or suicide.				
74.	I don't like myself.				
75.	I feel tired, like I don't have any energy to do things.				
76.	I feel bad that I can't do things as well as other people.				
77.	I feel that things never work out right.				
78.	I eat a lot.				
79.	I sleep a lot.				
80.	My feelings get hurt very easily.				

Please circle YES of NO

81.	My school grades have rally gone downhill.	**NO**	**YES**
82.	In the past year, a very upsetting thing happened (parents divorced, friend or relative died, serious accident, etc.).	**NO**	**YES**

GROUP J		Never	Sometimes	Often	Very Often
83.	I feel very happy.				
84.	I am very active and busy.				
85.	I need very little sleep.				
86.	I talk a lot.				
87.	I have trouble concentrating.				
88.	I do reckless and silly things.				
89.	I jump from one topic to another when I talk.				
90.	I believe that I can do things that I really cannot do.				

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GROUP K		Never	Sometimes	Often	Very Often
91.	I skip meals and eat very little.				
92.	I worry about getting fat or overweight.				
93.	I think that I am fat or overweight.				

GROUP L		Never	Sometimes	Often	Very Often
94.	I go on eating binges where I eat a large amount of food in a short amount of time.				
95.	I cannot stop eating or control how much I eat.				
96.	I use very strict diets, vomiting, laxatives, or extreme exercise to control my weight.				

GROUP M		Never	Sometimes	Often	Very Often
97.	I smoke tobacco cigarettes.				
98.	I drink alcohol beverages (beer, wine, liquor).				
99.	I get into trouble because of alcohol use.				
100.	I smoke marjuana.				
101.	I use other illegal drugs.				
102.	I get into trouble because of illegal drug use.				

GROUP N		Never	Sometimes	Often	Very Often
103.	I get into arguments with adults.				
104.	I get real uptight and can't relax.				
105.	Other people make me angry.				
106.	I don't have energy to do things.				
107	I don't go to school when I don't feel like it.				
108.	I have difficulty concentrating.				
109.	I don't eat very much.				

THANK YOU!