Youth Outcome Questionnaire Name:		ID:		Da	te:				
Y-OQ®-30.2 English	Youth Par	rent Form		1	Never or Almost Never	Rarely	Sometimes		lmost Always or Always
PURPOSE: The Y-OQ® designed to describe a wide		1. My chil	d has headaches or feels dizzy		0	0	0	0	0
situations, behaviors, and moods tha are common to children and adolescents. You may discover that		2. My chil	d doesn't participate in activiti	ies that used to be fun	0	Ο	0	Ο	Ο
some of the items do not appropriately your current situation. If so,	oly to , <u>please</u>	3. My chil	d argues or speaks rudely to of	thers.	0	0	0	Ο	Ο
do not leave these items blank but mark the "Never or almost never" category. When you begin to complete the Y-OQ® 30.2 you will see that you can easily make your child look as healthy or unhealthy a you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to	iever"	4. My chil- them ca	d has a hard time finishing ass relessly.	ignments or does	Ο	Ο	0	Ο	Ο
	your	5. My chil	d's emotions are strong and ch	nange quickly.	0	0	0	0	Ο
	that. If ole it is	with fan	d has physical fights (hitting, laily or others his/her age.		0	0	0	0	0
receive the help that you are		7. My chil	d worries and can't get though	its out of his/her mind.	0	0	0	0	O
DIRECTIONS: Read each statement careful Decide how true this state		8. My chil	d steals or lies		. О	0	0	0	Ο
during the past 7 days. Completely fill the circle that most accurately describes the past week.		-	d is has a hard time sitting still		0	0	0	0	0
		10. My chil	d uses alcohol or drugs		. 0	Ο	0	0	0
 Fill in only one answer fo statement and erase unwa marks clearly. 	or each inted	11. My chil	d seems tense and easily startle	ed (jumpy).	Ο	Ο	0	Ο	Ο
79		12. My chil	d is sad or unhappy		. О	0	0	0	0
Please mark your answers lil	ke this:	13. My chile other ad	d has a hard time trusting frienults.	nds, family members, or	0	Ο	Ο	Ο	Ο
Not like this:		14. My chil	d thinks that others are trying they're not.	to hurt him/her even	0	Ο	0	0	0
		15. My chil	d has threatened to, or has run	away from home.	Ο	0	0	0	0
		16. My chil	d physically fights with adults		Ο	0	0	Ο	Ο
		17. My chil	d's stomach hurts or feels sick	more than others his/her	0	0	0	0	0
		_	d doesn't have friends or does	n't keep friends very long	0	0	0	Ο	Ο
		19. My child	thinks about suicide or feels s/he	would be better off dead.	0	0	0	0	0
Developed by: GARY M. BURLINGAME, I	PH.D., M.		d has nightmares, trouble getti up too early.	ng to sleep, oversleeping, or		0	0	0	0
GAWAIN WELLS, PH.D., M J. LAMBERT, PH.D., AND C W. REISINGER, PH.I	ICHAEL CURTIS	21. My child	complains or questions rules, exp	ectations, or responsibilities.	0	0	0	0	0
© Copyright 1998, 2002 Ameri Professional Credentialing Ser	ican	22. My chile on purpo	d breaks rules, laws, or doesn' ose	t meet others expectations	0	0	0	0	0
LLC. License Required For Al	ll Uses.	23. My chil	d feels irritated		0	0	0	0	Ο
For More Information Contact OQ Measures, LLC		24. My chil	d gets angry enough to threate	n others	. О	Ο	Ο	Ο	Ο
P.O. Box 521047 Salt Lake City, UT 84152		25. My chil	d gets into trouble when he/she	e is bored.	Ο	0	0	0	0
Toll-Free USA: 1-888-MH-SCC (1-888-647-267.	ORE	26. My chil	d destroys property on purpose	3	О	Ο	Ο	0	Ο
Phone: (801) 649-4392 Fax: (801) 747-6900 Email: INFO@OQMEASURI		-	d has a hard time concentrating to tasks.	g, thinking clearly, or	0	Ο	Ο	Ο	Ο
Website: HTTP://WWW.OQMEASURES.CO	ES.COM	_	d withdraws from family and t	friends	0	Ο	0	0	0
YOQ30ENG Version 1. 1/05/2007	.0	29. My child	acts without thinking & doesn't v	worry about what will happen	Ο	0	0	Ο	Ο
0cm 1 2	3	30. My chile likes the	d feels like s/he doesn't have ε	any friends and that no one	Ο	0	0	0	0