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Youth Outcome Questionnaire (YOQ 30)

Initials: _____ **Therapist:** _____ **Date:** _____

Instructions: 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/almost never” category. When you begin to complete the YOQ-30, you will see that you can easily make yourself as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible, it is more likely you will be able to receive the help that you are seeking.

READ each statement carefully. Check the number that best describes how true the statement has been during the past 7 days. Check only one answer for each statement.

Directions for parents/guardians completing the questionnaire **for children under 12:** Respond to the statements as if each began with “My child...” or “My child’s...” rather than “My..” or “I..” It is important that you answer as accurately as possible based on your own observation and knowledge.

PERSON COMPLETING THE FORM (Please Circle):

ADOLESCENT PARENT/GUARDIAN OTHER

1. **I have headaches or feel dizzy.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
2. **I don't participate in activities that used to be fun.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
3. **I argue or speak rudely to others.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
4. **I have a hard time finishing my assignments or do them carelessly.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
5. **My emotions are strong and change quickly.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
6. **I have physical fights (hitting, biting, or scratching) with family or others my age.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
7. **I worry and can't get thoughts out of my mind.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
8. **I steal or lie.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
9. **I have a hard time sitting still (or I have too much energy).**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
10. **I use drugs or alcohol.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
11. **I am tense and easily startled (jumpy)**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always

12. **I am sad or unhappy.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
13. **I have a hard time trusting family members or other adults.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
14. **I think that others are trying to hurt me even though they are not.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
15. **I have threatened to run away from home or have run away from home.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
16. **I physically fight with adults.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
17. **My stomach hurts or I feel sick more than others my age.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
18. **I don't have friends or I don't keep friends very long.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
19. **I think about suicide or feel I would be better off dead.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
20. **I have nightmares, trouble getting to sleep, oversleeping, or waking too early.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
21. **I complain about or question rules, expectations, or responsibilities.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
22. **I break rules, laws, or don't meet others' expectations on purpose.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
23. **I feel irritated.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
24. **I get angry enough to threaten others.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
25. **I get in trouble when I am bored.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
26. **I destroy property on purpose.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
27. **I have a hard time concentrating, thinking clearly, or staying on task.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
28. **I withdraw from my family and friends.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
29. **I act without thinking and don't worry about what will happen.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always
30. **I feel that I don't have any friends or that no one likes me.**
 0 Never/Almost Never 1 Rarely 2 Sometimes 3 Frequently 4 Almost Always

All cases will be reviewed by Kristi LeBeau, Director of Quality Management and Robert Burnstein, M.D. our Medical Director.

Note: All of our therapists are independent contractors and are licensed and able to provide psychological assessment and treatment to children, adolescents, adults, and seniors.