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Remember: This is an interview, not a test.

Call QuickStart Systems at (214)342-9020 for:

- Free copies of the Youth Assessment Index
- Free copies of the Clinical/Training ASI
- The Easy-YAI software, and
- Other Treatment Tracking Software.

INTRODUCING THE YAI

Eight potential problem areas:

Current living situation, Legal, Medical, Family Relationships, Education/Work, Drug/Alcohol, Psycho/Social Adjustment, and Personal Relationships. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

- 0 Has never occurred
- 1 Occurred more than 30 days ago
- 2 Occurred the last 30 days
- 3 Occurred during and before the last 30 days

Client Input:

Client input is important. For each area, I will ask you to let me know how bothered you have been by any problems in each section. I will also ask you how important counseling is to you for the area being discussed. The response to these questions will be a yes or no.

If you are uncomfortable giving an answer, then don't answer. Please do not give inaccurate information! Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

- 1. Leave no blanks.
- 2. Make plenty of Comments (if another person reads this YAI, they should have a relatively complete picture of the client's perceptions of his/her problems).
- 3. X = Question not answered.
- 4. N = Question not applicable.
- 5. Privately interview the youth about drug and alcohol use and personal relationships unless parents are reluctant or unwilling to leave.

HALF TIME RULE: If a question is interested in the number of months, round

up periods of 14 days or more to 1 month. If the question is only interested in the number of years, round up 6

months or more to 1 year.

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- > 30 day questions only require the number of days used.
- > Lifetime use is asked to determine extended periods of use.
- > How to ask these questions:
 - > How many days in the past 30 have you used?
 - > How many years in your life have you regularly used?
- > Use 99 percent to represent number of times used is one hundred or more

- 01 = Family /Friend
- 05 = Self Referral
- 06 = Employer
- 07 = School
- 09 = Technician Alternatives to Street Crime (TASC)
- 32 = Physician
- 33 = Council on alcohol and Drug Abuse
- 34 = Employee Assistance Program (EAP)
- 37 = Clergy
- 38 = Texas Rehabilitation Commission (TRC)
- 39 = Court Commitment
- 40 = Texas Dept. of Human Services (DPW, DHR)
- 41 = Substitute for Foster Care
- 50 = State Hospital Outreach Program
- 51 = AA, NA, Alanon, Alateen, Other Peer Support
- 52 = Community MHMR Center
- 53 = Other Non-Residential Program
- 60 = State Hospital
- 61 = Other Hospital
- 62 = Halfway House Intermediate Care
- 63 = Long Term Care
- 64 = Non-Hospital Detox Facility
- 65 = Other Residential Program
- 70 = Police
- 71 = Probation (non-DWI)
- 72 = Probation (DWI)
- 73 = Parole
- 74 = Other Law Enforcement
- 75 = Texas Youth Commission
- 76 = TDJC/ID
- 77 = TAIP
- 78 = City/County Jail
- 80 = Other Individual
- 81 = Other Community Agency(not treatment, not law enforcement)

LIST OF COMMONLY USED DRUGS:

Alcohol: Beer, wine, liquor Methadone: Dolophine, LAAM

Opiates: Pain killers = Morphine, Diluaudid, Demerol, Percocet,

Darvon, Talwin, Codeine, Tylenol 2,3,4,

Syrups = Robitussin, Fentanyl

Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Barbiturates:

Secobarbital, Phenobarbital, Fiorinol

Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax

Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes

Cocaine Crystal, Free-Base Cocaine or "Crack", and Cocaine "Rock Cocaine"

Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetimine, Speed, Ice, Crystal,

Cannabis: Marijuana, Hashish Hallucinogens:

LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust,

Ecstasy

Nitrous Oxide, Amyl Nitrate (Whippets, Poppers),

Inhalants: Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants.

Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodur

Other meds = Antipsychotics, Lithium

Source or referral:

Section I: General Information	7. SSN:
Interview site	8. Health Insurance type: 0=No health insurance 1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage 2=Other private insurance WITH Substance Abuse Coverage 3=Blue Cross/Blue shield WITH Substance Abuse Coverage 3=Blue Cross/Blue shield WITH Substance Abuse Coverage 7=CHAMPUS 8=Other Public Funds For Health Care Y-Lightpour
Initial/Follow-up: I=Initial F=Follow-up	X=Unknown 9
1.	Insurance Provider Name 10. Ins. Policy #:
First Name Middle Last Name	11Insurance Provider Address Line 1
2Address Line 1	Insurance Provider Address Line 2
City State Zip Code County	Insurance Provider's City State Zip 12. Source of referral: (see cover page) If referred by probation/parole (or if currently on probation /parole): 13
3. Sex: 1=Male 2=Female 4. Race: 1. White(not Hisp.) 2. African American (not Hisp.) 3. Hispanic-Mexican American 4. Hispanic-Mexican National 5. Hispanic-Puerto Rican 6. Hispanic-Cuban 7. Hispanic-Other 8. Alaskan Native 9. Asian/Pacific 0. Other x. Unknown 6. Hispanic-Cuban YEARS 5. Date of Birth: O=Never Married 1=Married 2=Divorced 3=Separated b. Have you had any children (yes/no)? C. Are you currently responsible for the care of any children(yes/no)? General Information Comments:	15
(Include the question number with your notes)	
Section II: Current Living Situation	1. Have you been in a controlled #DAYS environment in the past 30 days? 1. No 4. Residential Treatment

2. Group Home 5. 3. Prison	Hospital-Based Program	2=Divorced 3=Separated (married, not living together nor incarcerated)	6=Mother Deceased
2. With whom do you live (currer		3b. If either parent(s) is	(are) Mother
1=Both Parents 7=In 2=Mother Only 8=A	estitution Ione	deceased, how old	· ·
3=Father Only 9=ot		you at the time of th	
	ther Relatives riends	•	
	rral parents: oth Deceased ather Deceased	3c. Who has custody if divorced/separated N=N/A, Not divorced/separa 1=N/A, Youth is over 18 2=Father	ted 3=Mother 6=Other 4=Other Individual 5=Institution
4. HEAD OF HOUSEHOLD:		c. Address.	
		City State	Zip County
a. Name:)
b. Relationship:c. Address:		e. Date of Birth:	_/
		f. Social Security #:	
City State Zip d. Phone: ()	•	g. Current employment	: Status:
e. Date of Birth:/		1=Unemployed, has not soug 2=Unemployed, has sought e	tht employment in the last 30 days
f. Social Security #:		3=Part-Time (less than 35 ho 4=Full- Time (35 or more hou	ours/week)
g. Current employment Status:		< <if working="">></if>	,
1=Unemployed, has not sought employme	nt in the last 30 days	•	
2=Unemployed, has sought employment in			
3=Part-Time (less than 35 hours/week) 4=Full- Time (35 or more hours/week)		:	
< <if working="">></if>		j. Addiess	
_		(city) (state)	(zip) (county)
h. Occupation:		k. ()	Hours:::
:			FIOIII 10
j. Address.		< <lf not="" working="">></lf>	
(city) (state) (zip)	(county)	I. Primary reason for no	p paid employment
k. ()	lours::: From To	0=Cannot find a job 1=Unable to work for health reaso	5=Not interested in working ons 6=Lack of transportation
	110111	2=unable to keep job due to	7=Lack of job skills
< <lf not="" working="">></lf>		substance abuse problems 3=Needed at home to work or take	8=Retired e 9=Other
I. Primary reason for no paid em		care of other family members	N=Not applicable (employed)
0=Cannot find a job 1=Unable to work for health reasons 5=No 6=La	ot interested in working ack of transportation	4=Attending School	
2=unable to keep job due to 7=La	ack of job skills	m. Income:	Donaion. C
substance abuse problems 8=Re 3=Needed at home to work or take 9=Ot	etired ther	Employment: \$_ Public Assistance: \$	Pension: \$ Family: \$
care of other family members N=N	ot applicable (employed)	Disability: \$	Samily. \$
4=Attending School		γ Ψ_	
m. Income:	Danaian A	n. Marital status of Hea	ad of Household: 3=Separated(married, not living
Employment: \$	Pension: \$	1=Married and living together	together nor incarcerated)
Public Assistance: \$ Disability: \$	Family: \$ Illegal: \$	2=Divorced	4=Deceased
		o. Highest Grade Comp	pleted:
n. Marital status of Head of Hous			
1=Married and living together toget	eparated(married, not living ther nor incarcerated) eceased	6. OTHER INVOLVED	ADULTS:
		a.	
o. Highest Grade Completed:		Name	
5. OTHER PRIMARY CARETAK	·FR·	b.	
		Relationship	
a. Name:		C	

Address	Name
City State Zip County	bRelationship
d. (CAddress
e. Date of Birth:/	City State Zip County
f. Social Security #:	d. (
g. Current employment Status: 1=Unemployed, has not sought employment in the last 30 days 2=Unemployed, has sought employment in last 30 days 3=Part-Time (less than 35 hours/week) 4=Full- Time (35 or more hours/week)	e. Date of Birth:/
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h. Occupation:i.	1=Unemployed, has not sought employment in the last 30 days 2=Unemployed, has sought employment in last 30 days 3=Part-Time (less than 35 hours/week) 4=Full- Time (35 or more hours/week)
Employer :	< <if working="">></if>
j. Address	h. Occupation:
(city) (state) (zip) (county)	i. Employer
k. () Hours:::	jAddress
7. OTHER INVOLVED ADULTS:	(city) (state) (zip) (county)
a	k. () Hours:::_ Work Phone To
Comments on Current Living Situation: (Include the question number with your notes)	

1. Do you have a drivers license? a.) Have your driving privileges ever been postoposed, suspended or revoked? 2. Have you ever been picked up by the police? 3. Have you ever been picked up by the police? 4. Have you ever been taken to a police station? 5. Have you ever been taken to a police station? 6. Do you have a probation officer now? 6. Do you have a probation officer now? 7. Are you currently facing charges or waiting to see a judge? 8. Have you ever spent time in jail obsoletys or waiting to see a judge? 9. When do you feel a need to defend yourself, what do you use (carry)? 1. Extra yourself, what do you use (carry)? 1. Extra you ever had a weapon taken on No 1-Yes away from you? 10. Have you ever had a weapon taken away from you? 11. When involved with the legal system, was: a.) someone hurt? b.) proporty damaged? 0. No 1-Yes away from you? 12. Do you think that you have legal problems? 0. No 1-Yes away from you like counseling for these problems? 13. Would you like counseling for these problems? 14. Interviewer Severity Rating: 0. No Need 1. Minur and the legal system was: 2. Moderne Selection:	SECTION III: LEGAL		(Include the question number with your notes)
postposed, suspended or revoked? 2. Have you ever been picked up by the police? o-No 1=Yes	1. Do you have a drivers license?	0=No 1=Yes	
2. Have you ever been picked up by the police? O-No 1-Yes		0=No 1=Yes	
a.) How many times and at what age(first time)? Times	postposed, suspended or revoked?		
a.) How many times and at what age(first time)?	2. Have you ever been picked up by the police?	0=No 1=Yes	
4. Have you ever been locked up? 5. Have you ever been in front of a judge? 6. Do you have a probation officer now? 6. Do you have a probation officer now? 7. Are you currently facing charges or waiting to see a judge? 8. Have you ever spent time in jail o=No 1=Yes DAYS or in a detention center? 9. When do you feel a need to defend yourself, what do you use (carry)? o=Notation 1=Knives 3=Other (specify in somments) 10. Have you ever had a weapon taken away from you? 11. When involved with the legal system, was: a.) someone hurt? b.) property damaged? 12. Do you think that you have legal problems? 0=No 1=Yes for these problems? 13. Would you like counseling for these problems? 14. Interviewer Severity Rating: 0=No 1=Yes for these problems? 15. Confidence Rating: 0=No 1=Yes for these problems? 16. Have you ever been in front of a judge? 17. Are you ever had a weapon taken o=No 1=Yes for these problems? 18. Would you like counseling for these problems? 19. No 1=Yes for these problems? 10. Have you ever had a weapon taken o=No 1=Yes for these problems?	a.) How many times and at what age(first time)?	Times Years	
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a.) (Probation Officer name) b.) (5. Have you ever been in front of a judge?	0=No 1=Yes	
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2=Moderate 3=Urgent 15. Confidence Rating: 0=No 1=Yes	for these problems?		
15. Confidence Rating: 0=No 1=Yes		<u> </u>	
	2=Modera	te 3=Urgent	
		0=No 1=Yes	

SECTION IV: MEDICAL	Comments on Medical Section:
1. How long ago was your last physical examination?	(Include the question number with your notes)
2. Do you have any chronic medical problems $^{0=N_0}_{1=Yes}$ [e.g. diabetes, asthma, allergies, etc)?	
3. Are you taking any prescribed medication at this time? $\frac{0=N_0}{1=Yes}$	
4. Have you had to visit an emergency room in the past year?	
5. Do you feel that you have a medical problem? $^{0=No}_{1=Yes} \qquad \qquad \phantom{AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA$	
6. Would you like treatment for these medical problems? $^{0=No}_{1=Yes}$	
7. Interviewer Severity Rating: 0=No need 1=Minor 2=Moderate 3=Urgent	
8. Confidence Rating $\frac{0=No}{1=Yes}$	
SECTION V: FAMILY RELATIONSHIPS	Comments on Family Relationships: (Include the question number with your notes)
1. Has your living arrangement changed in the past year? $\begin{pmatrix} 0 = N_0 \\ 1 = Y_{es} \end{pmatrix}$	(include the question number with your notes)
2. Are you unhappy or dissatisfied with the current $\frac{0=N_0}{1=Yes}$ situation at home?	
3. Have you ever lived away from home or $\frac{0=N_0}{1=Y_{ES}}$	
parents (or current guardians)?	
4. Have any of your brothers or sisters ever had 0=No 1=Yes to live away from home before they were eighteen years old?	
5. Have you ever run away from 0=No 1=Month + 2=Past Mo. 3=Past𝔅 home?	
6. Is there a lot of arguing or fighting in $0=N_0$ $1=Y_{es}$	
your house? <opt> If yes, how many times?</opt>	
7. Have you ever been a member of a gang? O=No 1-Yes YEARS	
a) b) Age at Start:	
8. Has any member of your immediate family or household?	
a) been arrested? 0=No 1=Month + 2=Past Mo. 3=Past𝔅	
b) been hospitalized overnight or longer? 0=No 1=Month + 2=Past Mo. 3=Past𝔅	
c) died? 0=No 1=Month + 2=Past Mo. 3=Past𝔅	
9. Have you ever:	
a) had serious problems in getting along with 0=No 1=Month + 2=Past Mo. 3=Past𝔅 anyone in your household?	
b) had a physical fight with either of 0=No 1=Month + 2=Past Mo. 3=Past𝔅	
your parents /guardians? c) been involved in family counseling, 0=No 1=Month + 3-Past M 3-P	
or had a caseworker assigned to visit your family?	
10. Do you feel that you have a family problem? 0=No 1=Yes	
11. Would you like counseling for these problems? 0=No 1=Yes	
12 Interviewer Severity Rating: 0=No Need I=Minor	
13 Confidence Rating 0-No 1-Yes	

Cachele the question number with your notes)	SECTION VI: EDUCATION/WORK	Comments on Education/Work:
2. School Address Line 1 \$School Address Line 2 3. Current School Status:	1	(Include the question number with your notes)
School Address Line 2 3. Current School Status: 1 = Gastained to CRED: 2 - Sur ord reposed are 3 - Suspended 4 - Estal in School Schouler. 4 - Stali and School Status: 1 = Suspended 5 - Estal of the Control of the Status	Name of current or last school attended	
School Address Lice 2 3. Current School Status: 1 - Green School Status: 1 - Green School Status: 1 - Green School Status: 2 - Green School Status: 3 - Suspended School Sch		
3. Current of color Status: 1 - Columbin (See Color See Color Col	School Address Line 1	
1- Graduated on GED) 3 = Excelded in other elocational shall development program 3 - Suspeaded 4 - Current or highest grade completed: 5 - Days absent from school during last 6 week period: 6 - Have you ever received any special programming? 7 - Number of D's or P's on last report card: a.) < OPT> Are you currently failing any classes? 8 - Have you ever failed or repeated a grade: a.) < OPT> Are you currently failing any classes? - Suspended? - Currently failing any classes? - Suspended? - Currently failing any classes? - Suspended? - Currently failing any classes? - Suspended? - Currently suspended or expelled (include in-school suspensions): - Suspended? - Currently suspended or expelled (include in-school suspensions): - Suspended? - Currently suspended or expelled (include in-school suspensions): - Suspended? - Suspended	School Address Line 2	
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Number of D's or F's on last report card: a) <a 10.100="" 10.1000="" <="" doi.org="" href="https://doi.org/10.1001/j.com/ris/https://doi.org/10.1001/j.com/ris/https://doi.org/ris/htt</td><td></td><td></td></tr><tr><td>a.) <OPT> Are you currently failing any classes? </td><td></td><td></td></tr><tr><td>8. Have you ever failed or repeated a grade: Suspended or expelled (include in-school suspensions): a. Suspended?</td><td>7. Number of D's or F's on last report card:</td><td></td></tr><tr><td>8. Have you ever failed or repeated a grade: 1</td><td></td><td></td></tr><tr><td>9. How many times have you been suspended or expelled (include in-school suspensions): a. Suspended?</td><td>8. Have you ever failed or repeated a grade: <math>0=No</math> <math>1=Yes</math></td><td></td></tr><tr><td>expelled (include in-school suspensions): a. Suspended?</td><td></td><td></td></tr><tr><td>a. Suspended?</td><td>• • • • • • • • • • • • • • • • • • • •</td><td></td></tr><tr><td>c. Are you currently suspended or expelled d. # of days suspended in the last 6 weeks? 10.Do you plan on graduating (or getting a GED)? 11.Have you ever: a. skipped school or cut classes more than one time a week? b. <OPT> If yes, have you gotten high when you skip? c. had your parents been called by the school because of your behavior? d. Had a serious argument or fight with a teacher? 12.What are your current source(s) of income(check all that apply): Employment Public Assistance Other Parents Social Security <</td><td></td><td></td></tr><tr><td>d. # of days suspended in the last 6 weeks? 10.Do you plan on graduating (or getting a GED)? 0.No 1-10 1-</td><td></td><td></td></tr><tr><td>10.Do you plan on graduating (or getting a GED)? 11.Have you ever: a. skipped school or cut classes more than one time a week? b. <OPT> If yes, have you gotten high when you skip? 0.50c b. <td></td><td></td>		
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teacher? 2-Past Mo. 3-Past Mo. 3	d Had a serious argument or fight with a	
Employment Public Assistance Other Parents Social Security	teacher? 2=Past Mo.	
Parents Social Security <	12. What are your current source(s) of income(check all that apply):	
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19. Confidence Rating: 2=Moderate 3=Urgent 19. Confidence Rating: 19. Confidence Rating:		
19. Confidence Rating:		

1. How many of your five closest friends: a. Smoke									
2. Do you smoke cigarettes? a. <opt> If yes, how old were you when you years started smoking regularly (3 or more times/week)?</opt>									
3. Substance Abuse Patterns: a. Have you ever used drugs & alcohol?									
<.IF NO ALCOHOL OR DRUG USE IS REPORTED IN									
#3a, SKIP TO QUESTION #5>>									
b. SUBSTANCE:	CODAP	1 ST	#TIME	#TIME	CODAP	CODAP			
SUBSTANCE:	Code	AGE	S LAST YR	S LAST MO.	FREQ <opt></opt>	ROUTE <opt></opt>			
ALCOHOL	04		YK	MO.	<op1></op1>	<op1></op1>			
MARIJUANA	09								
COCAINE	08								
CRACK	08								
INHALANTS	11								
SPEED	07								
TOTAL	05								
DEPRESSANTS HALLUCINOGENS	10								
HERION	01								
NON-RX	02								
METHADONE									
OTHER OPIATES	03								
OVER-THE- COUNTER	12								
TRANQUILIZERS	13								
ECSTACY	15								
PCP	21								
OTHER	14								
TOTAL OTHER									
The frequency and									
required or entered					are used	to			
gather data for the	CODAP	summa	iry belov	v.					
c. <opt> COI</opt>			: ^						
PROBLEMS	Prima		_	er interview ndary	Terti	arv			
Substances:	1 111110	J	5000	mui y	10111	J			
Severity:	+		+						
Frequency:	+		+						
Route:	+		1						
Year of 1st use:	+		1						
1001 01 150 050.			II.		II.				
SEVERITY		EQUENC			TE OF AD	MIN			
0=Use (not a problem) 1=Primary			not happen once/week		ral noking				
2=Secondary	2=C	Once per w	eek	3=In	halation				
3=Tertiary	4=C	leveral tim Once daily			tramuscular travenous				
	5=2	to 3 times	s daily						
	6=More than 3 times daily Comments on Alcohol/Drug use: (Include the question number with your notes)								

4. Have you ever:		<u>Comments</u> :
a. used drugs or alcohol before or during school?	0=No 1=Month+ 2=Past Mo. 3=Past𝔅	(Include the question number with your notes)
b. missed school because you were hung over?	0=No 1=Month+ 2=Past Mo. 3=Past𝔅	
c. missed work because you were high or hung over?	0=No 1=Month+ 2=Past Mo. 3=Past𝔅	
d. been told you should cut down or stop	0=No 1=Month+	
using drugs or alcohol?	2=Past Mo. 3=Past𝔅	
e. been in a program to get help for a drug problem?	0=No 1=Month+ 2=Past Mo. 3=Past𝔅	
f. been in a program to get help for an alcohol problem?	0=No 1=Month+ 2=Past Mo.	
g. gotten into trouble (including this incident)	3=Past𝔅 0=No 1=Month+	
for things you've done while you were using drugs or alcohol?	2=Past Mo. 3=Past𝔅	
5. Have you ever been:		
a. at a party where alcohol was served?	0=No 1=Month+	
	2=Past Mo. 3=Past𝔅	
b. at a party where drugs were available?	0=No 1=Month+ 2=Past Mo.	
c. accused by your parents, teachers, or	3=Past𝔅 0=No	
employer of being drunk or high?	1=Month+ 2=Past Mo. 3=Past𝔅	
d. in a car where the driver or others were	0=No 1=Month+	
using drugs or alcohol?	2=Past Mo. 3=Past𝔅	
6. Have any of you FRIENDS ever:		
a. asked you to get drugs or alcohol for them?	0=No 1=Month+ 2=Past Mo. 3=Past𝔅	
b. tried to get you to drink or use drugs?	0=No 1=Month+ 2=Past Mo.	
c. been treated for drug or alcohol problems?	3=Past𝔅 0=No 1=Month+ 2=Past Mo.	
7. How much money have you spent during the last mont	3=Past𝔅 th on:	
a. Alcohol \$		
b. Drugs \$		
8. Do either of your parents or other members of your		
household have (or have had) a drug or alcohol prob		
Mother: 0=NO Father: Brothers/Sisters 0=NO Other Relatives:	0=NO 1=YES 0=NO	
Brothers/Sisters 0=NO 1=YES Other Relatives: Other Non-Related	1=YES 0=NO	
	1=YES 0=NO	
9. Are you permitted to drink at home (excluding small amounts on special occasions)?	1=YES	
10. Do you feel that you have drug/alcohol problems?	0=NO 1=YES	
11. Would you like treatment or counseling for these problems?	0=NO 1=YES	
12. Interveiwer Severity Rating:	0=No Need 1=Minor 2=Moderate	
13. Confidence Rating:	3=Urgent 0=NO 1=YES	

SE	ECTION VIII: PSYCHO/SOCIAL ADJUSTMENT	<u>r</u>		Comments on Psycho/Social Adjustment:				
1.	(Include the question number with your notes) 1. Have you ever been treated for an emotional problem by a psychiatrist, psychologist or other counselor? (If yes, specify name, company name and address in comments).							
2.	Has there ever been a time (a few days or more) when	you have	e:					
a.	felt very unhappy, sad, f. had trouble falling depressed? f. had trouble falling staying asleep?	or						
b.	felt worried, afraid, g. lost your appetite scared? worried about your		?					
c.	felt very lonley, all h. heard voices? alone, isolated?							
d.	felt like a failure or							
e.	had trouble controlling U=No 2=Past your anger? SCALE 0=No 2=Past 1=Month+ 3=Past	t Mo. t& Bfr.						
3.	Have you ever had serious thoughts of hurting yourself?	0=No Need 1=Minor 2=Moderate 3=Urgent						
4.	Have you ever attempted suicide?	0=No Need 1=Minor 2=Moderate 3=Urgent						
5.	Have you ever:							
	a. had trouble making or keeping friends?	0=NO 1=YES						
	b. had serious problems with your girlfriend/boyfriend?	0=NO 1=YES						
	c. felt like no one really cared about you?	0=NO 1=YES						
	d. gotten into trouble because of your friends?	0=NO 1=YES						
	e. gambled?	0=NO 1=YES						
6.	Do you think that you have emotional problems?	0=NO 1=YES						
7.	Would you like counseling for these problems?	0=NO 1=YES						
8.	Interviewer Severity Rating:	0=No Need 1=Minor 2=Moderate 3=Urgent						
9.	Confidence Rating:	0=NO 1=YES						

SECTION IX: PERSONAL RELATIONSHIPS

1. Have you ever had a serious relationship (boyfriend or girlfriend)?	0=NO 1=YES		
2. Are you currently involved in a serious relationship?	0=NO 1=YES		
a. If yes, are you unhappy or dissatisfied with this relationship?	0=NO 1=YES		
3. Have you ever had sex? < <if no,="" question#11="" skip="" to="">></if>	0=NO 1=YES		
		ARS	
4. How old were you when you first had sex?		Щ	
5. How many sexual partners have you had in the last six months?			
6. Have you ever had sex without using precautions?	0=NO 1=YES		
7. How about in the last six months?	0=NO 1=YES		
8. What methods of protection do you currently use:	0.000		
a. Nothing	0=SOME 1=EVERY		
b. Withdrawal 0=SOME I=EVERY f. Implant	0=SOME 1=EVERY		
c. Diaphram 0=SOME 1=EVERY g. Other	0=SOME 1=EVERY		
d. B. C. Pill 0=SOME (Specify in comments)			
9. Have you ever had a sexually transmitted disease	0=NO 1=YES		
(like gonorrhea, clap, VD, etc.)			
10. a. <female>Have you ever been pregnant?</female>	0=NO 1=YES		
b. <male>Have you ever gotten somebody pregnant?</male>	0=NO 1=YES		
11. Have you been taught about avoiding HIV/AIDS?	0=NO 1=YES		
Can you tell me how someone can avoid getting AIDS	?		
(Specify in comments)			
12. Have you ever been abused:a. Physically?	0=NO		
	1=YES 0=NO		
b. Sexually?	1=YES 0=NO		
c. If yes, was the incident investigated?	1=YES 0=NO		
d. Have you ever physically or sexually abused someone else?	1=YES		
13. Have you ever seriously considered calling the police	0=NO 1=YES		·
because of the way members of your household were (If yes, specify in comments).	acting?		
14. Have you ever been forced/pressured into having	0=NO 1=YES		
sex?			
a. If no, have you ever been touched in a way that you did not like?	0=NO 1=YES		
b. Have you ever forced/pressured someone into	0=NO 1=YES		
having sex?	0=NO		
15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening?	1=YES	Ш	
16. Do you need help/counseling on the above subjects?	0=NO 1=YES		
	0=No Need	\exists	
17. Interviewer Severity Rating:	1=Minor 2=Moderate	H	
18 Confidence Pating	3=Urgent 0=NO	\vdash	
18. Confidence Rating <u>Comments on Personal Relationships:</u>	1=YES		
(Include the question number with your notes)			

SECTION X: PROFILE	<u>3</u>				(Include the question number with your notes)
1. Severity Profile:					
	0	1	2	3	
Legal					
Family					
Education					
Medical					
Psy. /Soc. Adj.					
Substance use					
Personal					
	<u> </u>		ı		
2. Guardian Assessment	t:				
	Agree		Disagree	e	
Legal					
Family					
Education					
Medical					
Psy./Soc. Adj.					
Substance use					
Personal					
Dalatianahin af Datam					
Relationship of Rater: _					
3. Overall Confidence R	Rating:				
Da fool the info		:C:	1 4:-44		
Do you feel the information	mation is si	gnificant	iy distorte	ea by:	
a. Client's misreprese	entation?			0=NO 1=YES	
				0 NO	
b. Client's inability to	o understai	nd?		0=NO 1=YES	
				MINUTES	
4. How long did this into	erview last	?			