Problem-Oriented Screening Instrument for Teenagers

This information is available in other forms to people with disabilities by contacting us at (651) 297-5242 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

**INSTRUCTIONS**

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly.

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true.

You may see the same or similar questions more than once. Please just answer each question as it comes up. Please put an “X” through your answer.

If you do not understand a word, please ask for help. You may begin.

<p>| NAME: _______________________________________________________________________________________________________________________________ |
| SEX:  □ MALE    □ FEMALE  | BIRTH DATE: <em><strong><strong>/</strong></strong></em>/_____  | HISPANIC HERITAGE: Y / N |
| RACE: □ ASIAN  □ BLACK OR AFRICAN AMERICAN   □ WHITE □ AMERICAN INDIAN OR ALASKAN NATIVE □ PACIFIC ISLANDER OR NATIVE HAWAIIAN |
| 1. Do you have so much energy you don't know what to do with it? | Yes | No |
| 2. Are you good at talking your way out of trouble? | Yes | No |
| 3. Have you recently either lost or gained more than 10 pounds? | Yes | No |
| 4. Do you often feel tired? | Yes | No |
| 5. Are you a good speller? | Yes | No |
| 6. Have you ever read a book cover to cover for your own enjoyment? | Yes | No |
| 7. Do you get frustrated easily? | Yes | No |
| 8. Do you get into trouble because you use drugs or alcohol at school? | Yes | No |
| 9. Have you had trouble with stomach pain or nausea? | Yes | No |
| 10. Do you have a hot temper? | Yes | No |
| 11. Do your parents or guardians pay attention when you talk with them? | Yes | No |
| 12. Have you ever had sex with someone who shot up drugs? | Yes | No |
| 13. Do you get easily frightened? | Yes | No |
| 14. Do your parents or guardians argue a lot? | Yes | No |
| 15. Do you have less energy than you think you should? | Yes | No |
| 16. Do you miss out on activities because you spend too much money on drugs or alcohol? | Yes | No |</p>
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>17.</td>
<td>Do you threaten to hurt people?</td>
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<td>18.</td>
<td>Do you feel alone most of the time?</td>
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<td>19.</td>
<td>Do you sleep either too much or too little?</td>
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<td>20.</td>
<td>Do you swear or use dirty language?</td>
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<td>21.</td>
<td>Are you a good listener?</td>
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<td>22.</td>
<td>Have you had any accidents or injuries that still bother you?</td>
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<td>23.</td>
<td>Have you accidentally hurt yourself or someone else while high on alcohol or drugs?</td>
<td>Yes</td>
<td>No</td>
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<td>24.</td>
<td>Do you rush into things without thinking about what could happen?</td>
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<td>25.</td>
<td>Have you lied to anyone in the past week?</td>
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<td>26.</td>
<td>Do your parents or guardians refuse to talk with you when they are mad at you?</td>
<td>Yes</td>
<td>No</td>
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<td>27.</td>
<td>Are you a good reader?</td>
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<td>28.</td>
<td>Do you feel nervous most of the time?</td>
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<td>29.</td>
<td>Do people pick on you because of the way you look?</td>
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<td>30.</td>
<td>Have you stolen things?</td>
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<td>31.</td>
<td>Do you ever feel you are addicted to alcohol or drugs?</td>
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<td>32.</td>
<td>Do your parents or guardians and you do lots of things together?</td>
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<td>33.</td>
<td>Do you get into fights a lot?</td>
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<td>34.</td>
<td>Do you get A’s and B’s in some classes and fail others?</td>
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<td>35.</td>
<td>Have the whites of your eyes ever turned yellow?</td>
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<td>36.</td>
<td>Do you feel people are against you?</td>
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<td>37.</td>
<td>Is it easy to learn new things?</td>
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<td>38.</td>
<td>Do your parents or guardians usually know where you are and what you are doing?</td>
<td>Yes</td>
<td>No</td>
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<td>39.</td>
<td>Have you ever been told you are hyperactive?</td>
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<td>40.</td>
<td>Are you stubborn?</td>
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<td>41.</td>
<td>Do you have trouble with your breathing or with coughing?</td>
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<td>42.</td>
<td>Do you have a constant desire for alcohol or drugs?</td>
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<td>43.</td>
<td>Do your parents or guardians have rules about what you can and cannot do?</td>
<td>Yes</td>
<td>No</td>
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<td>Question</td>
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<td>44</td>
<td>Do you often act on the spur of the moment?</td>
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<td>45</td>
<td>Have you ever threatened anyone with a weapon?</td>
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<td>46</td>
<td>Do you hear things no else around you hears?</td>
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<td>47</td>
<td>Have you started using more and more drugs or alcohol to get the effect you want?</td>
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<td>48</td>
<td>Do people tell you that you are careless?</td>
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<td>49</td>
<td>Do you have trouble concentrating?</td>
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<td>50</td>
<td>Do your parents or guardians know what you really think or feel?</td>
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<td>51</td>
<td>Do you ever leave a party because there is no alcohol or drugs?</td>
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<td>52</td>
<td>Are you suspicious of other people?</td>
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<td>53</td>
<td>Do you have trouble getting your mind off things?</td>
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<td>54</td>
<td>Have you ever had a car accident while high on alcohol or drugs?</td>
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<td>55</td>
<td>Do your parents or guardians like talking with you and being with you?</td>
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<td>56</td>
<td>Have you ever intentionally damaged someone else's property?</td>
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<td>57</td>
<td>Do you forget things you did while drinking or using drugs?</td>
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<td>58</td>
<td>Does your mind wander a lot?</td>
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<td>59</td>
<td>Do you and your parents or guardians have frequent arguments which involve yelling and screaming?</td>
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<td>60</td>
<td>Do you worry a lot?</td>
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<td>61</td>
<td>Have you ever spent the night away from home when your parents didn’t know where you were?</td>
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<td>62</td>
<td>During the past month, have you driven a car while you were drunk or high?</td>
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<td>63</td>
<td>Do you have a good memory?</td>
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<td>64</td>
<td>Do your parents or guardians have a pretty good idea of your interests?</td>
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<td>65</td>
<td>Are you louder than other kids?</td>
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<td>66</td>
<td>Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?</td>
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<td>67</td>
<td>Have you cut school at least five days in the past year?</td>
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<td>68</td>
<td>Do you have trouble with written work?</td>
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<td>69</td>
<td>Do you feel sad most of the time?</td>
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<td>Question</td>
<td>Yes</td>
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<td>70. Do you miss school or arrive late for school because of your alcohol or drug use?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>71. Do you tease others a lot?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>72. Do you have trouble sleeping?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>73. Do you have a hard time following directions?</td>
<td>Yes</td>
<td>No</td>
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<td>74. Do your family or friends ever tell you that you should cut down on your drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
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<td>75. Do you have trouble with math?</td>
<td>Yes</td>
<td>No</td>
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<td>76. During the past month, have you skipped school?</td>
<td>Yes</td>
<td>No</td>
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<td>77. Do you feel you lose control and get into fights?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>78. Do you have serious arguments with friends or family members because of your drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>79. Do you ever feel you can't control your alcohol or drug use?</td>
<td>Yes</td>
<td>No</td>
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<td>80. Do you have a hard time planning and organizing?</td>
<td>Yes</td>
<td>No</td>
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<td>81. Are you afraid to be around people?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>82. Does school sometimes make you feel stupid?</td>
<td>Yes</td>
<td>No</td>
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<td>83. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>84. Do your parents or guardians usually agree about how to handle you?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>85. Do you often feel like you want to cry?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>86. Do you feel you study longer than your classmates and still get poorer grades?</td>
<td>Yes</td>
<td>No</td>
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<td>87. Have you ever had sexual intercourse without using a condom?</td>
<td>Yes</td>
<td>No</td>
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<td>88. Are you restless and can't sit still?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>89. Do you brag?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>90. Is school hard for you?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>91. Do you have trouble getting along with any of your friends because of your alcohol or drug use?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>92. Do you scream a lot?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>93. Do you have trouble finding the right words to express what you are thinking?</td>
<td>Yes</td>
<td>No</td>
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