

INSTRUCTIONS: *Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.*

Date: / /
Day / Month / Year

Name: _____

Date of birth: / / Sex: Male
Day / Month / Year Female

Work: Full-time School: Full-time
 Part-time Part-time
 Other: _____

A. FAMILY

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not applicable
1. having problems with family	0	1	2	3	<input type="checkbox"/>
2. having problems with spouse/partner	0	1	2	3	<input type="checkbox"/>
3. relying on others to do things for you	0	1	2	3	<input type="checkbox"/>
4. causing fighting in the family	0	1	2	3	<input type="checkbox"/>
5. makes it hard for the family to have fun together	0	1	2	3	<input type="checkbox"/>
6. problems taking care of your family	0	1	2	3	<input type="checkbox"/>
7. problems balancing your needs against those of your family	0	1	2	3	<input type="checkbox"/>
8. problems losing control with family	0	1	2	3	<input type="checkbox"/>

B. WORK

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not applicable
1. problems performing required duties	0	1	2	3	<input type="checkbox"/>
2. problems with getting your work done efficiently	0	1	2	3	<input type="checkbox"/>
3. problems with your supervisor	0	1	2	3	<input type="checkbox"/>
4. problems keeping a job	0	1	2	3	<input type="checkbox"/>
5. getting fired from work	0	1	2	3	<input type="checkbox"/>
6. problems working in a team	0	1	2	3	<input type="checkbox"/>
7. problems with your attendance	0	1	2	3	<input type="checkbox"/>
8. problems with being late	0	1	2	3	<input type="checkbox"/>
9. problems taking on new tasks	0	1	2	3	<input type="checkbox"/>
10. problems working to your potential	0	1	2	3	<input type="checkbox"/>
11. poor performance evaluations	0	1	2	3	<input type="checkbox"/>

C. SCHOOL

1. problems taking notes	0	1	2	3	<input type="checkbox"/>
2. problems completing assignments	0	1	2	3	<input type="checkbox"/>
3. problems getting your work done efficiently	0	1	2	3	<input type="checkbox"/>
4. problems with teachers	0	1	2	3	<input type="checkbox"/>
5. problems with school administrators	0	1	2	3	<input type="checkbox"/>
6. problems meeting minimum requirements to stay in school	0	1	2	3	<input type="checkbox"/>
7. problems with attendance	0	1	2	3	<input type="checkbox"/>
8. problems with being late	0	1	2	3	<input type="checkbox"/>
9. problems working to your potential	0	1	2	3	<input type="checkbox"/>
10. problems with inconsistent grades	0	1	2	3	<input type="checkbox"/>

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D. LIFE SKILLS

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not applicable
1. excessive or inappropriate use of internet, video games or TV	0	1	2	3	<input type="checkbox"/>
2. problems keeping an acceptable appearance	0	1	2	3	<input type="checkbox"/>
3. problems getting ready to leave the house	0	1	2	3	<input type="checkbox"/>
4. problems getting to bed	0	1	2	3	<input type="checkbox"/>
5. problems with nutrition	0	1	2	3	<input type="checkbox"/>
6. problems with sex	0	1	2	3	<input type="checkbox"/>
7. problems with sleeping	0	1	2	3	<input type="checkbox"/>
8. getting hurt or injured	0	1	2	3	<input type="checkbox"/>
9. avoiding exercise	0	1	2	3	<input type="checkbox"/>
10. problems keeping regular appointments with doctor/dentist	0	1	2	3	<input type="checkbox"/>
11. problems keeping up with household chores	0	1	2	3	<input type="checkbox"/>
12. problems managing money	0	1	2	3	<input type="checkbox"/>

E. SELF-CONCEPT

1. feeling bad about yourself	0	1	2	3	<input type="checkbox"/>
2. feeling frustrated with yourself	0	1	2	3	<input type="checkbox"/>
3. feeling discouraged	0	1	2	3	<input type="checkbox"/>
4. not feeling happy with your life	0	1	2	3	<input type="checkbox"/>
5. feeling incompetent	0	1	2	3	<input type="checkbox"/>

F. SOCIAL

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not applicable
1. getting into arguments	0	1	2	3	<input type="checkbox"/>
2. trouble cooperating	0	1	2	3	<input type="checkbox"/>
3. trouble getting along with people	0	1	2	3	<input type="checkbox"/>
4. problems having fun with other people	0	1	2	3	<input type="checkbox"/>
5. problems participating in hobbies	0	1	2	3	<input type="checkbox"/>
6. problems making friends	0	1	2	3	<input type="checkbox"/>
7. problems keeping friends	0	1	2	3	<input type="checkbox"/>
8. saying inappropriate things	0	1	2	3	<input type="checkbox"/>
9. complaints from neighbours	0	1	2	3	<input type="checkbox"/>

G. RISK

1. aggressive driving	0	1	2	3	<input type="checkbox"/>
2. doing other things while driving	0	1	2	3	<input type="checkbox"/>
3. road rage	0	1	2	3	<input type="checkbox"/>
4. breaking or damaging things	0	1	2	3	<input type="checkbox"/>
5. doing things that are illegal	0	1	2	3	<input type="checkbox"/>
6. being involved with the police	0	1	2	3	<input type="checkbox"/>
7. smoking cigarettes	0	1	2	3	<input type="checkbox"/>
8. smoking marijuana	0	1	2	3	<input type="checkbox"/>
9. drinking alcohol	0	1	2	3	<input type="checkbox"/>
10. taking "street" drugs	0	1	2	3	<input type="checkbox"/>
11. sex without protection (birth control, condom)	0	1	2	3	<input type="checkbox"/>
12. sexually inappropriate behaviour	0	1	2	3	<input type="checkbox"/>
13. being physically aggressive	0	1	2	3	<input type="checkbox"/>
14. being verbally aggressive	0	1	2	3	<input type="checkbox"/>

DO NOT WRITE IN THIS AREA	
A. Family	<input type="text"/>
B. Work	<input type="text"/>
C. School	<input type="text"/>
D. Life skills	<input type="text"/>
E. Self-concept	<input type="text"/>
F. Social	<input type="text"/>
G. Risk	<input type="text"/>
Total	<input type="text"/>