



pennsylvania

SYSTEM OF CARE PARTNERSHIP

National Evaluation

Youth Self-reports

This should be completed by all youth (age 11 or older) who are enrolled in the NOMS data collection at the same time as the interview:*

- *within 30 days after enrollment into services/treatment*
 - *every 6 months that youth are participating*
 - *at discharge from services/treatment*

** For youth younger than 11 years old, data will not be collected.*

*** Questionnaires can be conducted as an interview if requested.*

The Columbia Impairment Scale (C.I.S.)

Youth Version - for youth 11 years or older

Instructions: To help us improve the quality of the treatment that you receive, we are asking you to complete the following rating scale (C.I.S.). This will help us determine the area or areas in which you need help and the progress that you make in these areas. It also will give us information that will assist us in making changes in your treatment plan to better meet your needs.

There are thirteen areas of your behavior for you to rate from 0 to 4 with 0 being no problem for you, and 4 being a very bad problem. After reading each question, fill the number that best describes your behavior within the past 6 months. You can ask me for help if you don't understand a question.

All of these remaining questions will focus on events **in the past 6 months**.

In general, how much of a problem or difficulty do you think you have with:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
1)...getting into trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
2)...getting along with your mother/mother figure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3)...getting along with your father/father figure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4)...feeling unhappy or sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
How much of a problem or difficulty would you say you have:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
5)...with your behavior at school (or at your job)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6)...with having fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
7)...getting along with adults other than your mother and/or your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
How much of a problem or difficulty do you have:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
8)...with feeling nervous or afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
9)...getting along with your sister(s) and/or brother(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) ...getting along with other kids your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
How much of a problem or difficulty would you say you have:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
11)...getting involved in activities like sports or hobbies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
12)...with your school work (doing your job)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)...with your behavior at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Baseline
 6 month
 12 month
 18 month
 24 month
 30 month
 Discharge



Date completed: / /

Youth ID:

Created:
06/2016

Pediatric Symptom Checklist

Youth report (Y-PSC-17) - for youth 11 years or older

Please indicate which statement best describes your behaviors and emotions in the past 6 months.

	Never	Sometimes	Often	Refused
1. Fidgety, unable to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feel sad, unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Daydream too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Refuse to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do not understand other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feel hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fight with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Down on yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Blame others for your troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Seem to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Act as if driven by motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Tease others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Take things that do not belong to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Which assessment?

- Baseline
 6 month
 12 month
 18 month
 24 month
 30 month
 Discharge

