

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

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"/>