YOUTH ASSESSMENT INDEX ver. 4.0c

(Sponsored by: QuickStart Systems, Inc.)

Dr. David Metzger
A. Thomas McLellan, Ph.D.

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.

LIST OF COMMONLY USED DRUGS:

Alcohol: Beer, wine, liquor
Methadone: Dolophine, LAAM
Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates: Nembutal, Secoral, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Mitoxan, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine: Cocaine Crystal, Free-Base Cocaine or “Crack”, and "Rock Cocaine"
Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal, Cannabis: Marijuana, Hashish
Hallucinogens: LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants: Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventolin Inhaler, Theodur Other meds = Antipsychotics, Lithium

Source or referral:

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Section I: General Information

Interview site ____________________________________________

Date: _____/_____/_____

Case #:

Interviewer: ____________________________

Initial/Follow-up: I=Initial F=Follow-up

1. ____________________________________________
   First Name                     Middle                     Last Name

2. ____________________________________________
   Address Line 1
   ____________________________________________
   Address Line 2

   City                                      State           Zip Code                        County
   (_____)   _______-
   Home Phone Number
   (_____)  _______-
   Ext._______

   Work Phone number

3. Sex : 1=Male 2=Female

4. Race:
   1. White(not Hisp.)    7. Hispanic-Other
   2. African American (not Hisp.)  8. Alaskan Native
   4. Hispanic-Mexican National  10. Other
   5. Hispanic-Puerto Rican x. Unknown
   6. Hispanic-Cuban

5. Date of Birth: _____/_____/_____
   Age: __________

6.a. Your (youth’s) Marital Status:
   0=Never Married 1=Married 2=Divorced 3=Separated

b. Have you had any children (yes/no)?
   0=No 1=Yes

c. Are you currently responsible for the care of any children(yes/no)?
   0=No 1=Yes

General Information Comments:
(Include the question number with your notes)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. SSN: _________________________ - ________ - _______

8. Health Insurance type:
   0=No health insurance
   1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage
   2=Other private insurance WITHOUT Substance Abuse Coverage
   3=Blue Cross/Blue shield WITH Substance Abuse Coverage
   4=Other private insurance WITH Substance Abuse Coverage
   5=Medicaid
   6=Medicare
   7=CHAMPUS
   8=Other Public Funds For Health Care
   X=Unknown

9. ____________________________________________
   Insurance Provider Name

10. Ins. Policy #: ____________________________

11. Insurance Provider Address Line 1

12. Source of referral: (see cover page)

If referred by probation/parole (or if currently on probation /parole) :
   13. ____________________________________________
   Probation/Parole Officer Name:

14. (______)______-
   Ext:__________
   Probation /Parole Officer Phone Number

15. ____________________________
   Judge Name

16. Case Number __________

17. Charge Code ________________

18. ____________________________
   Charge Description
   a.) _____ Drug and Alcohol Assessment
   b.) _____ School/Employment
   c.) _____ Police
   d.) _____ Psychological
   e.) _____ Other ___________________________

19. Other available documents on file (check all that apply):
   0=Drug and Alcohol Assessment
   1=School/Employment
   2=Psychological
   3=Other

20. Does adolescent:
   1=Understand and agree with the reason for the interview?
   2=Agree?
   3=understand?
   4=Nither understand nor agree.

Section II: Current Living Situation

1. Have you been in a controlled environment in the past 30 days?
   1. No
   4. Residential Treatment

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2. With whom do you live (current caretakers)?

1=Both Parents
2=Mother Only
3=Father Only
4=Mother & Stepfather
5=Father & Stepmother
6=Substitute or Foster Care

3. Current marital status of natural parents:

0=Never Married
1=Maided and living together
2=Divorced
3=Separated (married, not living together nor incarcerated)
4=Mother Deceased
5=Father Deceased
6=Institution

4. HEAD OF HOUSEHOLD:

a. Name: ____________________________
b. Relationship: ____________________________
c. Address: ________________________________
d. Phone: (_________)________

e. Date of Birth: _______/_______/______
f. Social Security #: __________________
g. Current employment Status:

1=Employed full-time (35 or more hours/week)
2=Employed part-time (less than 35 hours/week)
3=Unemployed, has not sought employment in the last 30 days
4=Unemployed, has sought employment in the last 30 days
5=Lack of transportation
6=Lack of job skills
7=Not interested in working
8=Retired
9=Other
N=Not applicable (employed)

<<if working>>

h. Occupation: ________________________________
i. Employer: ________________________________
j. Address: ________________________________
k. (city) - (state) - (zip) - (county)

Work Phone: (_________)________

From:_________  Hours:___:___

To:_________

<<if not working>>

l. Primary reason for no paid employment

0=Cannot find a job
1=Unable to work for health reasons
2=Unable to keep job due to substance abuse problems
3=Needed at home to work or care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment: $______  Pension: $______

Public Assistance: $______  Family: $______

Disability: $______  Illegal: $______

n. Marital status of Head of Household:

0=Never Married
1=Maided and living together
2=Divorced
3=Separated (married, not living together nor incarcerated)
4=Deceased

5=Other

<<If not working>>

o. Marital status of Head of Household:

0=Never Married
1=Maided and living together
2=Divorced
3=Separated (married, not living together nor incarcerated)
4=Deceased

5=Other

6. OTHER INVOLVED ADULTS:

a. Name: ____________________________
b. Relationship: ____________________________
c. Address: ________________________________

d. Phone: (_________)________

e. Date of Birth: _______/_______/______
f. Social Security #: __________________
g. Current employment Status:

1=Employed full-time (35 or more hours/week)
2=Employed part-time (less than 35 hours/week)
3=Unemployed, has not sought employment in the last 30 days
4=Unemployed, has sought employment in the last 30 days
5=Lack of transportation
6=Lack of job skills
7=Not interested in working
8=Retired
9=Other
N=Not applicable (employed)

<<if working>>

h. Occupation: ________________________________
i. Employer: ________________________________
j. Address: ________________________________
k. (city) - (state) - (zip) - (county)

Work Phone: (_________)________

From:_________  Hours:___:___

To:_________

<<if not working>>

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Disability: $______  Illegal: $______

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0=Never Married
1=Maided and living together
2=Divorced
3=Separated (married, not living together nor incarcerated)
4=Deceased

5=Other

6. OTHER INVOLVED ADULTS:

a. Name: ____________________________
b. Relationship: ____________________________
c. Address: ________________________________

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Address
City __________________________ State __________ Zip __________ County __________

d. (_____________)_________ - _______________________

Phone

e. Date of Birth: ________/_______/______ __________

f. Social Security #: __________ __________ __________

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)

<<if working>>

h. Occupation: ___________________________

i. ______________________________________

Employer

j. ________________________________________

Address
__________________________
(city) (state) (zip) (county)

k. (______) _______ - _______ Hours: ___:___ - ___:___

Work Phone From ____________ To ____________

7. OTHER INVOLVED ADULTS:

a. ______________________________________

b. ______________________________________

Relationship

c. ______________________________________

Address
City __________________________ State __________ Zip __________ County __________

d. (_____________)_________ - _______________________

Phone

e. Date of Birth: ________/_______/______ __________

f. Social Security #: __________ __________ __________

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)

<<if working>>

h. Occupation: ___________________________

i. ______________________________________

Employer

j. ________________________________________

Address
__________________________
(city) (state) (zip) (county)

k. (______) _______ - _______ Hours: ___:___ - ___:___

Work Phone From ____________ To ____________

Comments on Current Living Situation:
(Include the question number with your notes)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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**SECTION III: LEGAL**

1. Do you have a driver’s license? 0=No 1=Yes □
   a.) Have your driving privileges ever been postposed, suspended or revoked? 0=No 1=Yes □

2. Have you ever been picked up by the police? 0=No 1=Yes □
   a.) How many times and at what age(first time)?
   Times □ Years □

3. Have you ever been taken to a police station? 0=No 1=Yes □

4. Have you ever been locked up? 0=No 1=Yes □

5. Have you ever been in front of a judge? 0=No 1=Yes □

6. Do you have a probation officer now? 0=No 1=Yes □
   a.) _______________________________________
   (Probation Officer name)

   b.) (______)________ Ext:__________

   Probation officer’s phone number

7. Are you currently facing charges or waiting to see a judge? 0=No 1=Yes □

8. Have you ever spent time in jail or in a detention center? 0=No 1=Yes □
   DAYS □

9. When do you feel a need to defend yourself, what do you use (carry)?
   0=Nothing 2=Guns 3=Other (specify in comments)
   1=Knives

10. Have you ever had a weapon taken away from you? 0=No 1=Yes □

11. When involved with the legal system, was:
   a.) someone hurt? 0=No 1=Yes □
   b.) property damaged? 0=No 1=Yes □

12. Do you think that you have legal problems? 0=No 1=Yes □

13. Would you like counseling for these problems? 0=No 1=Yes □

14. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent

15. Confidence Rating: 0=No 1=Yes □

Comments on Legal Section: ____________________________
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### SECTION IV: MEDICAL

1. **How long ago was your last physical examination?**
   - [ ] 0=No
   - [ ] 1=Yes

2. **Do you have any chronic medical problems (e.g. diabetes, asthma, allergies, etc)?**
   - [ ] 0=No
   - [ ] 1=Yes

3. **Are you taking any prescribed medication at this time?**
   - [ ] 0=No
   - [ ] 1=Yes

4. **Have you had to visit an emergency room in the past year?**
   - [ ] 0=No
   - [ ] 1=Yes

5. **Do you feel that you have a medical problem?**
   - [ ] 0=No
   - [ ] 1=Yes

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**
   - [ ] 0=No
   - [ ] 1=Yes

Comments on Medical Section:

(Include the question number with your notes)

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### SECTION V: FAMILY RELATIONSHIPS

1. **Has your living arrangement changed in the past year?**
   - [ ] 0=No
   - [ ] 1=Yes

2. **Are you unhappy or dissatisfied with the current situation at home?**
   - [ ] 0=No
   - [ ] 1=Yes

3. **Have you ever lived away from home or parents (or current guardians)?**
   - [ ] 0=No
   - [ ] 1=Yes

4. **Have any of your brothers or sisters ever had to live away from home before they were eighteen years old?**
   - [ ] 0=No
   - [ ] 1=Yes

5. **Have you ever run away from home?**
   - [ ] 0=No
   - 1=Month +
   - 2=Past Mo.
   - 3=Past & Before

6. **Is there a lot of arguing or fighting in your house?**
   - [ ] 0=No
   - [ ] 1=Yes
   - [ ] If yes, how many times?

7. **Have you ever been a member of a gang?**
   - a) [ ] <OPT>
   - b) Age at Start:

   - [ ] a) __________
   - [ ] b) __________

   - [ ] Gang Name

8. **Has any member of your immediate family or household?**
   - a) been arrested?
   - b) been hospitalized overnight or longer?
   - c) died?

9. **Have you ever:**
   - a) had serious problems in getting along with anyone in your household?
   - b) had a physical fight with either of your parents / guardians?
   - c) been involved in family counseling, 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
    - [ ] 1=Minor
    - [ ] 2=Moderate
    - [ ] 3=Urgent

13. **Confidence Rating**
    - [ ] 0=No
    - [ ] 1=Yes

Comments on Family Relationships:

(Include the question number with your notes)

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SECTION VI: EDUCATION/WORK

1. ___________________________________________
   Name of current or last school attended

2. ___________________________________________
   School Address Line 1

   __________________________________________
   School Address Line 2

3. Current School Status:
   1 = Graduated (or GED)
   2 = Quit or dropped out
   3 = Suspended
   4 = Still in School (incl. Summer vacn).
   5 = Enrolled in other educational skill development program
   6 = Enrolled in or transferred from an institutional educational program

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 F’s on last report card:
   a.) <OPT> Are you currently failing any classes?

8. Have you ever failed or repeated a grade:
   a. Suspended?
   b. Expelled?
   c. Are you currently suspended or expelled
   d. # of days suspended in the last 6 weeks?

9. How many times have you been suspended or expelled (include in-school suspensions):
   a. Suspended?
   b. Expelled?
   c. Are you currently suspended or expelled

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

<<If working>>
   a. Number of hours:
   b. Net Income/week:

13. Have you ever been fired from a job?

14. On average, how many weeks do you stay on a job?

15. Do you have any skills or training that could help you get a job? (If yes, specify in comments).

16. Do you feel that you have a school or work problem?

17. Would you like counseling for these problems?

18. Interviewer Severity Rating:
    0 = No Need
    1 = Minor
    2 = Moderate
    3 = Urgent

19. Confidence Rating:

Comments on Education/Work:
(Include the question number with your notes)

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SECTION VII: DRUG / ALCOHOL
1. How many of your five closest friends:
   a. Smoke [ ] b. Drink [ ] c. Do Drugs [ ]

2. Do you smoke cigarettes?
   a. <OPT> If yes, how old were you when you started smoking regularly (3 or more times/week)? [ ]

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 Code | 1ST AGE | # TIME S LAST YR | # TIME S LAST MO | CODAP FREQ | CODAP ROUTE |
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The frequency and Route columns in the substance table are not required or entered into the computer system. They are used to gather data for the CODAP summary below.

c. <OPT> CODAP Summary:
   (To be filled out by interviewer after interview)

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<th>Secondary</th>
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<table>
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<th>SEVERITY</th>
<th>FREQUENCY</th>
<th>ROUTE OF ADMIN</th>
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<tbody>
<tr>
<td>0=Use (not a problem)</td>
<td>0=None, did not happen</td>
<td>1=Oral</td>
</tr>
<tr>
<td>1=Primary</td>
<td>1=Less than once/week</td>
<td>2=Smoking</td>
</tr>
<tr>
<td>2=Secondary</td>
<td>2=Once per week</td>
<td>3=Inhalation</td>
</tr>
<tr>
<td>3=Tertiary</td>
<td>3=Several times/week</td>
<td>4=Intramuscular</td>
</tr>
<tr>
<td>4=Once daily</td>
<td>4=Once daily</td>
<td>5=Intravenous</td>
</tr>
<tr>
<td>5=2 to 3 times daily</td>
<td>5=2 to 3 times daily</td>
<td>6=More than 3 times daily</td>
</tr>
</tbody>
</table>

Comments on Alcohol/Drug use:
(Include the question number with your notes)
4. Have you ever:
   a. used drugs or alcohol before or during school?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   b. missed school because you were hung over?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   c. missed work because you were high or hung over?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   d. been told you should cut down or stop using drugs or alcohol?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   e. been in a program to get help for a drug problem?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   f. been in a program to get help for an alcohol problem?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   g. gotten into trouble (including this incident) for things you’ve done while you were using drugs or alcohol?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  

5. Have you ever been:
   a. at a party where alcohol was served?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   b. at a party where drugs were available?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   c. accused by your parents, teachers, or employer of being drunk or high?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   d. in a car where the driver or others were using drugs or alcohol?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  

6. Have any of your FRIENDS ever:
   a. asked you to get drugs or alcohol for them?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   b. tried to get you to drink or use drugs?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  
   c. been treated for drug or alcohol problems?  
      0=No  
      1=Month+  
      2=Past Mo.  
      3=Past&Bfr  

7. How much money have you spent during the last month 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 problem?
   Mother:  
   Father:  
   Brothers/Sisters:  
   Other Relatives:  
   Other Non-Related:  

9. Are you permitted to drink at home (excluding small amounts on special occasions)?  
   0=No  
   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. Interviewer Severity Rating:  
    0=No Need  
    1=Minor  
    2=Moderate  
    3=Urgent  

13. Confidence Rating:  

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SECTION VIII: PSYCHO/SOCIAL ADJUSTMENT

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:
   a. felt very unhappy, sad, depressed?
   b. felt worried, afraid, scared?
   c. felt very lonely, all alone, isolated?
   d. felt like a failure or worthless?
   e. had trouble controlling your anger?

3. Have you ever had serious thoughts of hurting yourself?

4. Have you ever attempted suicide?

5. Have you ever:
   a. had trouble making or keeping friends?
   b. had serious problems with your girlfriend/boyfriend?
   c. felt like no one really cared about you?
   d. gotten into trouble because of your friends?
   e. gambled?

6. Do you think that you have emotional problems?

7. Would you like counseling for these problems?

8. Interviewer Severity Rating:

9. Confidence Rating:

Comments on Psycho/Social Adjustment:
(Include the question number with your notes)

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?
   a. If yes, are you unhappy or dissatisfied with this relationship?
   0=NO  1=YES

3. Have you ever had sex? <<If no, skip to question #11>>
   0=NO  1=YES

4. How old were you when you first had sex?

5. How many sexual partners have you had in the last six months?
   0=NO  1=YES

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:
   a. Nothing
   0=SOME  1=EVERY
   b. Withdrawal
   0=SOME  1=EVERY
   c. Diaphragm
   0=SOME  1=EVERY
   d. B. C. Pill
   0=SOME  1=EVERY
   e. Condom
   0=SOME  1=EVERY
   f. Implant
   0=SOME  1=EVERY
   g. Other
   0=SOME  1=EVERY
   (Specify in comments)

9. Have you ever had a sexually transmitted disease (like gonorrhea, clap, VD, etc.)
   0=NO  1=YES

10. a. <FEMALE> Have you ever been pregnant?
    b. <MALE> Have you ever gotten somebody pregnant?
    0=NO  1=YES

11. Have you been taught about avoiding HIV/AIDS? 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
    b. Sexually?
    0=NO  1=YES
    c. If yes, was the incident investigated?
    0=NO  1=YES
    d. Have you ever physically or sexually abused someone else?
    0=NO  1=YES

13. Have you ever seriously considered calling the police because of the way members of your household were acting?
    (If yes, specify in comments).
    0=NO  1=YES

14. Have you ever been forced/pressured into having 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 having sex?
    0=NO  1=YES

15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening?
    0=NO  1=YES

16. Do you need help/counseling on the above subjects?
    0=NO  1=YES

17. Interviewer Severity Rating:
    0=No Need
    1=Minor
    2=Moderate
    3=Urgent
    0=NO  1=YES

18. Confidence Rating
    Comments on Personal Relationships:
    (Include the question number with your notes)
SECTION X: PROFILE

1. Severity Profile:

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<tr>
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2. Guardian Assessment:

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<tr>
<td>Personal</td>
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Relationship of Rater: ______________________________

3. Overall Confidence Rating:

Do you feel the information is significantly distorted by:

a. Client’s misrepresentation? 0=NO 1=YES □

b. Client’s inability to understand? 0=NO 1=YES □

4. How long did this interview last? ___________ MINUTES

Comments on Profile:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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