

Clinician: Please fax to (800) 985-6894

Wellness Assessment - Youth

Rev. 2007

Completing this brief questionnaire will help us provide services that meet your child's needs. Answer each question as best you can and then review your responses with your child's clinician. Shade circles like this

Child's Last Name First Name		Child's Date	of Birth: (mm/dd/yy)
		F'	
Subscriber ID Authorizat	ion #		
Clinician Last Name First Name		Today's Date	e: (mm/dd/yy)
Clinician ID/Tax ID Clinician Phone		State	140 - 60
	-		MRef ○
Visit $\# \bigcirc 1$ or $2 \bigcirc 3$ to $5 \bigcirc$ Other		7000 ST00000 S 900	
Relationship to child: O Mother O Father O Stepparent O Other Relative O Child/Self O Other			
For questions 1-21, please think about your experience in the past week.			
Fill in the circle that best describes your child:	Never	Sometimes	Often
1 Destroyed property	0	\circ	0
2. Was unhappy or sad	0	0	0
3 Behavior caused school problems	0	\circ	\circ
4 Had temper outbursts	0	0	\circ
5 Worrying prevented him/her from doing things	0	\circ	0
6. Felt worthless or inferior	0	\circ	0
7 Had trouble sleeping	0	0	0
8. Changed moods quickly	0	\circ	\circ
9 Used alcohol	0	\circ	0
10. Was restless, trouble staying seated	0	\circ	\circ
11 Engaged in repetitious behavior	0	0	0
12. Used drugs	0	\circ	0
13 Worried about most everything	0	\circ	0
14 Needed constant attention	0	0	0
How much have your child's problems caused:	Not at All	A Little	Somewhat A Lot
15 Interruption of personal time?	0	0	0 0
16. Disruption of family routines?	0	0	0 0
17 Any family member to suffer mental or physical problems?		0	0 0
18. Less attention paid to any family member?	0	0	0 0
Disruption or upset of relationships within the family?	0	0	0 0
20. Disruption or upset of your family's social activities?21 How many days in the past week was your child's usual rou	() ting interrupted	O by their proble	mc ²
Answer the following only if this is your first time completing this questionnaire for this child. 22. In general, would you say your child's health is: Excellent Very Good Good Fair Poor			
23 In the past 6 months, how many times did your child visit a medical doctor? O None O 1 O 2-3 O 4-5 O 6+			
24 In past month, how many days were you unable to work be		ild's problems'. <i>y if employed)</i>	? Days
25 In the past month, how many days were you able to work b how much you got done because of your child's problems?		ck on y if employed)	Days
maen jou got done occado or jour cinia o problems.	(anoner on	, if comproyed)	59243