

# Ohio Scales for Youth (Parent Form)

## SHARES Consumer Outcomes System

# P

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

SHARES ID#: \_\_\_\_\_

Completed by Agency

Highest Grade Attended: \_\_\_\_\_ High School Graduate/GED?  Yes  No

Survey Respondent:  Mother  Father  Stepmother  Stepfather  Other: \_\_\_\_\_

Completion Status:  Person completed  Person unable to complete  Person refused

Severity Score: \_\_\_\_\_ Functioning Score: \_\_\_\_\_

Instructions: How often has your child experienced the following problems in the last 30 days?	Not at All	Once or Twice	Several Times	A Lot	Most of The Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights (hitting, kicking, pushing)	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

<b>Instructions:</b> Please circle your response to each question.	<b>Instructions:</b> Please circle your response to each question based on your recent experience at this agency.
1. Overall, how satisfied are you with your relationship with your child right now? 1. Extremely dissatisfied 2. Moderately dissatisfied 3. Somewhat dissatisfied 4. Somewhat satisfied 5. Moderately satisfied 6. Extremely satisfied	1. How satisfied are you with the mental health services your child has received? 1. Extremely dissatisfied 2. Moderately dissatisfied 3. Somewhat dissatisfied 4. Somewhat satisfied 5. Moderately satisfied 6. Extremely satisfied
2. How capable of dealing with your child's problems do you feel right now? 1. Extremely incapable 2. Moderately incapable 3. Somewhat incapable 4. Somewhat capable 5. Moderately capable 6. Extremely capable	2. To what degree have you been included in the treatment planning process for your child? 1. Not at all 2. A little 3. Somewhat 4. Moderately 5. Quite a bit 6. A great deal
3. How much stress or pressure is in your life right now? 1. Unbearable amounts 2. A great deal 3. Quite a bit 4. A moderate amount 5. Some 6. Very little	3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child. 1. Not at all 2. A little 3. Somewhat 4. Moderately 5. Quite a bit 6. A great deal
4. How optimistic are you about your child's future right now? 1. The future looks very bad 2. The future looks bad 3. The future looks both good and bad 4. The future looks OK 5. The future looks somewhat bright 6. The future looks very bright	4. To what extent does your child's treatment plan include your ideas about your child's treatment needs? 1. Not at all 2. A little 3. Somewhat 4. Moderately 5. Quite a bit 6. A great deal

Instructions: How is your child doing in the following areas? (Consider your child's age when responding.)	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Developing age-appropriate relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (collecting things, music, video-gaming)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning age-appropriate skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely in age-appropriate ways	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4