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Brief Adolescent Outcome Questionnaire

Version 12

Completed by: Adolescent Adult (with or without the adolescent)

Below is a list of things young people might do, or feel. Please fill in the circle that best tells how often you did, or felt these things since your last session. Think about the different places you may have done or felt these things, like at school, at home, or with friends (or at work, if you have a job).

Since your last session how often did you...	Never	Hardly ever	Some-times	Often	Very often
Drink alcohol (beer, wine, hard liquor) or use illegal substances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel threatened or bullied by others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel positive about yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time having fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get the right amount of sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a lot more or a lot less than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make progress toward reaching your treatment goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm yourself when you were upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get into trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a good energy level?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about hurting yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disobey adults (or not do what adults told you to do)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please take a moment to give feedback on your last session, to help us better serve your needs:

At my last session:	True	Almost True	Unsure	Almost False	False
I felt that we talked about things that were important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that the session was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Office Use Only

Date Completed:	□	□	/	□	□	/	□	□	Org ID:	Site ID:	□	□	□	Session #:	□	□	
Client ID:	□	□	□	□	□	□	□	□	Clinician ID:	□	□	□	□	□	□	□	□

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For more information on this and other questionnaires visit www.psychoutcomes.org

Fax completed forms to: 800-961-1224

