**YOUTH INVENTORY-4**

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| YOUR NAME | DATE OF BIRTH |
| AGE | MALE FEMALE | TODAY’S DATE |

**DIRECTIONS:** THIS FORM IS SHOULD BE COMPLETED BY A TEENAGER UNDERGOING ADD/ADHD EVALUATION. CHECK WHICH RATING BEST DESCRIBES YOUR OVERALL BEHAVIOR. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.

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| GROUP A | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 1. I MAKE CARELESS MISTAKES |  |  |  |  |
| 2. I HAVE TROUBLE PAYING ATTENTION |  |  |  |  |
| 3. I HAVE TROUBLE FOLLOWING DIRECTIONS |  |  |  |  |
| 4. I START THINGS BUT DO NOT FINISH THEM |  |  |  |  |
| 5. I HAVE TROUBLE GETTING ORGANIZED |  |  |  |  |
| 6. I TRY TO AVOID DOING THINGS THAT REQUIRE A LOT OF CONCENTRATION LIKE SCHOOLWORK AND HOMEWORK |  |  |  |  |
| 7. I LOSE THINGS |  |  |  |  |
| 8. I AM EASILY DISTRACTED BY OTHER THINGS GOING ON |  |  |  |  |
| 9. I AM FORGETFUL |  |  |  |  |
| 10. I AM FIDGETY |  |  |  |  |
| 11. I HAVE TROUBLE SITTING STILL |  |  |  |  |
| 12. I FEEL RESTLESS AND JITTERY |  |  |  |  |
| 13. I HAVE TROUBLE DOING THINGS QUIETLY |  |  |  |  |
| 14. I AM A PERSON WHO IS “ON THE GO” |  |  |  |  |
| 15. PEOPLE SAY I TALK TOO MUCH |  |  |  |  |
| 16. I BLURT OUT THE ANSWERS TO QUESTIONS BEFORE I HEAR THE ENTIRE QUESTION |  |  |  |  |
| 17. I GET FRUSTRATED WHEN I HAVE TO WAIT MY TURN TO DO THINGS |  |  |  |  |
| 18. I INTERRUPT OTHERS OR BUTT INTO OTHER PEOPLE’S BUSINESS |  |  |  |  |

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| GROUP B | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 19. I SKIP SCHOOL |  |  |  |  |
| 20. I STAY OUT AT NIGHT WHEN I AM NOT SUPPOSED TO |  |  |  |  |
| 21. I LIE TO GET MY OWN WAY AND TO GET OUT OF DOING THINGS |  |  |  |  |
| 22. I THREATEN TO HURT PEOPLE |  |  |  |  |
| 23. I START PHYSICAL FIGHTS |  |  |  |  |
| 24. I RUN AWAY FROM HOME OVERNIGHT |  |  |  |  |
| 25. I TAKE THINGS WHEN OTHER PEOPLE ARE NOT LOOKING |  |  |  |  |
| 26. I DESTROY OTHER PEOPLE’S PROPERTY |  |  |  |  |
| 27. I SET FIRES |  |  |  |  |
| 28. I FORCE PEOPLE TO GIVE ME THEIR MONEY OR THINGS |  |  |  |  |
| 29. I BREAK INTO HOUSES, BUILDINGS, OR CARS |  |  |  |  |
| 30. I USE A WEAPON WHEN I FIGHT |  |  |  |  |
| 31. I TRY TO HURT ANIMALS |  |  |  |  |
| 32. I TRY TO PHYSICALLY HURT PEOPLE |  |  |  |  |
| 33. I FORCE PEOPE INTO SEXUAL ACTIVITY |  |  |  |  |

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| GROUP C | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 34. I LOSE MY TEMPER |  |  |  |  |
| 35. I ARGUE WITH ADULTS |  |  |  |  |
| 36. I DON’T DO WHAT ADULTS TELL ME TO DO |  |  |  |  |
| 37. I TRY TO DO THINGS TO ANNOY PEOPLE |  |  |  |  |
| 38. I BLAME OTHERS FOR MY OWN MISTAKES |  |  |  |  |
| 39. OTHER PEOPLE ANNOY ME |  |  |  |  |
| 40. I GET ANGRY |  |  |  |  |
| 41. WHNE I GET ANGRY, I TAKE IT OUT ON OTHERS |  |  |  |  |

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| GROUP D | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 42. I WORRY A LOT |  |  |  |  |
| 43. I HAVE TROUBLE GETTING MYSELF TO STOP WORRYING |  |  |  |  |
| 44. I FEEL NERVOUS |  |  |  |  |
| 45. I FEEL GROUCHY OR CRANKY |  |  |  |  |
| 46. I GET REAL TENSE AND CAN’T RELAX |  |  |  |  |
| 47. I HAVE TROUBLE FALLING ASLEEP OR STAYING ASLEEP |  |  |  |  |

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| GROUP E | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 48. I AM VERY AFRAID OF CERTAIN THINGS LIKE ANIMALS, HEIGHTS, STORMS, GOING PLACES, ALONE, OR BEING “TRAPPED” |  |  |  |  |
| 49. THERE ARE TIMES WHEN MY HEART POUNDS A LOT AND I FEEL DIZZY AND SHAKY AND HAVE DIFFICULTY BREATHING |  |  |  |  |
| 50. I HAVE REALLY UPSETTING THOUGHTS AND I CANNOT GET THEM OUT OF MY MIND |  |  |  |  |
| 51. I HAVE HABITS THAT I JUST HAVE TO DO OVER AND OVER AGAIN LIKE WASHING MY HANDS, CHECKING TO SEE IS LOCKS ARE LOCKED, OR REPEATING THINGS A SET NUMBER OF TIMES |  |  |  |  |
| 52. REALLY UPSETTING THINGS HAVE HAPPENED TO ME AND THEY STILL BOTHER ME |  |  |  |  |
| 53. I HAVE REALLY BAD MEMORIES OR DREAMS |  |  |  |  |
| 54. I HAVE HABITS THAT I CANNOT CONTROL LIKE EYE BLINKING, NOSE TWITCHING, SHOULD SHRUGGING, LIP LICKING, OR HEAD JERKING |  |  |  |  |
| 55. I MAKE SOUNDS THAT I CANNOT CONTROL LIKE COUGHING, THROAT CLEARING, SNIFFLING, OR GRUNTING |  |  |  |  |
| 56. I GET ACHES AND PAINS FOR NO REASON LIKE HEADACHES OR UPSET STOMACH |  |  |  |  |
| 57. I WORRY A LOT ABOUT MY HEALTH |  |  |  |  |
| 58. I GET REAL NERVOUS IN SOCIAL SITUATIONS |  |  |  |  |
| 59. I AM REALLY SHY WHEN I AM AROUND OTHER KIDS MY AGE |  |  |  |  |

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| GROUP G | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 60. I GET VERY UPSET WHEN I HAVE TO LEAVE HOME |  |  |  |  |
| 61. I WORK THAT MY PARENTS WILL BE HURT OR LEAVE HOME AND NOT COME BACK |  |  |  |  |
| 62. I TRY TO AVOID GOING TO SCHOOL IN ORDER TO STAY HOME WITH MY PARENT |  |  |  |  |
| 63. I WORRY ABOUT BEING LEFT AT HOME ALONE |  |  |  |  |
| 64. I HAVE NIGHTMARES ABOUT BEING LEFT ALONE |  |  |  |  |

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| GROUP H | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 65. I PREFER TO BE ALONE RATHER THATN WITH MY FAMILY |  |  |  |  |
| 66. I PREFER TO BE ALONE RATHER THAT WITH FRIENDS |  |  |  |  |

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| GROUP I | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 67. I THINK THAT PEOPLE ARE TRYING TO GET ME OR HURT ME |  |  |  |  |
| 68. I HEAR VOICES TALKING TO ME OR TELLING ME TO DO THINGS |  |  |  |  |
| 69. MY IDEAS RUN TOGETHER AND I CANNOT THINK CLEARLY |  |  |  |  |
| 70. I GET REALLY ANGRY AND LOSE CONTROL OF MYSELF |  |  |  |  |
| 71. I LAUGH OR CRY AT THE WRONG TIMES |  |  |  |  |
| 72. I DON’T FEEL LIKE DOING THINGS OR TALKING TO PEOPLE |  |  |  |  |

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| GROUP K | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 73. I FEEL UNHAPPY OR SAD |  |  |  |  |
| 74. I DON’T FEEL LIKE DOING ANYTHING |  |  |  |  |
| 75. I THINK ABOUT DEATH OR SUICIDE |  |  |  |  |
| 76. I DON’T LIKE MYSELF |  |  |  |  |
| 77. I FEEL TIRED, LIKE I DON’T HAVE ANY ENERGY TO DO THINGS |  |  |  |  |
| 78. I FEEL BAD THAT I CAN’T DO THINGS AS WELL AS OTHER PEOPLE |  |  |  |  |
| 79. I FEEL THAT THINGS NEVER WORK OUT RIGHT |  |  |  |  |
| 80. I EAT A LOT |  |  |  |  |
| 81. I SLEEP A LOT |  |  |  |  |
| 82. MY FEELINGS GET HURT VERY EASILY |  |  |  |  |
| 83. MY SCHOOL GRADES HAVE REALLY GONE DOWN HILL  | NO | YES |
| 84. IN THE PAST YEAR, A VERY UPSETTING THING HAPPENED (PARENTS DIVORCED, FRIEND OR RELATIVE DIED, SERIOUS ACCIDENT, ETC.) | NO | YES |

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| GROUP L | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 85. I FEEL VERY HAPPY |  |  |  |  |
| 86. I AM VERY ACTIVE AND BUSY |  |  |  |  |
| 87. I NEED VERY LITTLE SLEEP |  |  |  |  |
| 88. I TALK A LOT |  |  |  |  |
| 89. I HAVE TROUBLE CONCENTRATING |  |  |  |  |
| 90. I DO RECKLESS AND SILLY THINGS |  |  |  |  |
| 91. I JUMP FROM ONE TOPIC TO ANOTHER WHEN I TALK |  |  |  |  |
| 92. I BELIEVE THAT I CAN DO THINGS THAT I REALLY CANNOT DO |  |  |  |  |

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| GROUP M | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 93. I SKIP MEALS AND EAT VERY LITTLE |  |  |  |  |
| 94. I WORRY ABOUT GETTING FAT OR OVERWEIGHT |  |  |  |  |
| 95. I THINK THAT I AM FAT OR OVERWEIGHT  |  |  |  |  |

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| GROUP N | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 96. I GO ON EATING BINGES WHERE I EAT A LARGE AMOUNT OF FOOD IN A SHORT PERIOD OF TIME |  |  |  |  |
| 97. I CANNOT STOP EATING OR CONTROL HOW MUCH I EAT |  |  |  |  |
| 98. I USE VERY STRICT DIETS, VOMITING, LAXATIVES, OR EXTREME EXERCISE TO CONTROL MY WEIGHT |  |  |  |  |
| 99. I AM VERY CONCERNED ABOUT MY WEIGHT OR BODY |  |  |  |  |

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| GROUP O | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 100. I SMOKE TOBACCO CIGARETTES |  |  |  |  |
| 101. I DRINK ALCOHOL BEVERAGES (BEER, WINE, LIQUOR) |  |  |  |  |
| 102. I GET INTO TROUBLE BECAUSE OF ALCOHOL  |  |  |  |  |
| 103. I SMOKE MARIJUANA |  |  |  |  |
| 104. I USE OTHER ILLEGAL DRUGS (COCAINE, GLUE, SPEED, LSD, ETC.) |  |  |  |  |
| 105. I GET INTO TROUBLE BECAUSE OF ILLEGAL DRUG USE |  |  |  |  |

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| GROUP P | **NEVER** | **SOME****TIMES** | **OFTEN** | **VERY OFTEN** |
| 106. I GET INTO ARGUMENTS WITH ADULTS |  |  |  |  |
| 107. I GET REAL UPTIGHT AND CAN’T RELAX |  |  |  |  |
| 108. OTHER PEOPLE MAKE ME ANGRY |  |  |  |  |
| 109. I GET NERVOUS AROUND OTHER PEOPLE MY AGE |  |  |  |  |
| 110. I DON’T HAVE ENERGY TO DO THINGS |  |  |  |  |
| 111. I DON’T GO TO SCHOOL WHEN I DON’T FEEL LIKE IT |  |  |  |  |
| 112. I HAVE DIFFICULTY CONCENTRATING |  |  |  |  |
| 113. I DON’T EAT VERY MUCH |  |  |  |  |