

**Screener Prompt Sheet for Quick Screen/Assessment
 (Rev. September 2006)**

Youth ID # _____

Youth Name _____ Age _____ Birth date _____

Gender Male Female

Race/ethnicity/cultural heritage. Ask the youth to self-identify his/her race, ethnicity or cultural heritage from the list below. Check all that apply.

- | | |
|--|---|
| 01. <input type="checkbox"/> Black or African-American | 08. <input type="checkbox"/> Vietnamese |
| 02. <input type="checkbox"/> White (Caucasian) | 09. <input type="checkbox"/> Native American / Alaskan Native |
| 03. <input type="checkbox"/> Asian | 10. <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| 04. <input type="checkbox"/> Chinese | 11. <input type="checkbox"/> Hispanic / Latino |
| 05. <input type="checkbox"/> Indian | 12. <input type="checkbox"/> Mexican |
| 06. <input type="checkbox"/> Japanese | 13. <input type="checkbox"/> Other (Specify) |
| 07. <input type="checkbox"/> Korean | 14. <input type="checkbox"/> Race/Ethnicity Unreported |

The following set of interview questions provides a structure for conducting a relatively quick screen. This structure is intended to guide the screener through the domains while building rapport and eliciting information from the youth. The questions we want answered in the OJCP Screen/Assessment touch on sensitive, often difficult and vulnerable topics. It is recommended that the interviewers begin by asking questions that help put the interviewees at ease. Beginning with questions that ask about difficult behavior or that touch on sensitive issues may create an atmosphere not conducive to openness and vulnerability.

Below are some suggested questions. You are free to modify them in response to the situation in order to get the answers you need, or in order to be more sensitive to a particular youth. The codes in brackets following some of the questions refer to the number of the risk factor indicator (R), protective factor indicator (PF), or mental health indicator (M) that may be checked according to the answer received for these questions.

If you use the youth and/or family questionnaire before beginning the interview, there are several questions that you should be able to skip during the interview.

Introduction/Building Rapport: *Free Time*

How do you like to spend your free time?

Hobbies? Sports?

(These questions look for engagement in productive activities/protective factors) (PF4.5)

What else do you enjoy doing?

Who do you spend most of your time with?
(Looking for a connection with adults, positive role models) (PF3.4, PF3.6)

What are you good at?

Describe the best thing about yourself.

| School Issues | Yes | No | Indicator |
|---|------------|-----------|--|
| <p>1 Are you currently going to school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what are your grades like?</p> <p><input type="checkbox"/> Mostly A's and B's</p> <p><input type="checkbox"/> B's and C's</p> <p><input type="checkbox"/> C's and D's</p> <p><input type="checkbox"/> D's and F's</p> <p>Have you failed any classes recently, or are you currently failing any classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are not going to school, why not?</p> | | | <p>R2.4</p> <p>R2.3</p> <p>R2.2</p> <p>PF2.1</p> <p>R2.2</p> |
| <p>2 Are you involved in any school activities outside of classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | <p>PF2.1</p> <p>PF4.5</p> |
| <p>3 Have you ever been suspended or dropped out of school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when?</p> | | | <p>R2.4</p> <p>R2.5</p> |
| <p>4 Does anyone in your family help you with homework or help you with school in other ways? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | <p>PF2.7</p> |
| <p>5 Does anyone in your family ever talk with your teachers about how you are doing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | <p>PF2.7</p> |
| <p>6 Do you ever skip school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how often?</p> | | | <p>R2.3</p> |

| Peer Relationships | | Yes | No | Indicator |
|---------------------------|--|--------------------------|--------------------------|------------------|
| 7 | What kinds of behavior would your friends think of as 'wrong' or 'bad'? | | | PF3.1 |
| 8 | Have any of the people you hang out with ever been suspended from or dropped out of school? | <input type="checkbox"/> | <input type="checkbox"/> | R3.3 |
| 9 | Do any of the people you hang out with carry a handgun? | <input type="checkbox"/> | <input type="checkbox"/> | R3.2 |
| 10 | Do you spend a lot of time hanging out with others, or do you spend most of your time alone? | <input type="checkbox"/> | <input type="checkbox"/> | M8.5 |
| 11 | Do you have any friends who get mostly A's and B's? If yes, how many? | <input type="checkbox"/> | <input type="checkbox"/> | PF3.4 |
| 12 | Do you spend a lot of time (at least several days a month) with friends who use alcohol or other drugs on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> | T3.5 |

| Behavior Issues | | Yes | No | Indicator |
|--|---|--------------------------|--------------------------|------------------|
| <i>Note: If the response to any of the following questions is "yes", ask a follow-up question to determine if the behavior has occurred in the past month.</i> | | | | |
| 13 | Do you ever get in fights at school? | <input type="checkbox"/> | <input type="checkbox"/> | R4.1 |
| 14 | Have you ever run away from home? If yes, <ul style="list-style-type: none"> • How many times? • What is the longest you have been away when you ran away from home? • When was the last time you ran away? | <input type="checkbox"/> | <input type="checkbox"/> | R4.6 |
| 15 | Have you ever ridden in a vehicle with a teenage driver who had been drinking or using drugs? | <input type="checkbox"/> | <input type="checkbox"/> | R4.10 |
| 16 | Have you ever done anything else that was really dangerous? | <input type="checkbox"/> | <input type="checkbox"/> | R4.10 |
| 17 | a) Have you ever carried a handgun or other illegal weapon? | <input type="checkbox"/> | <input type="checkbox"/> | R4.8 |
| | b) In the past month, have you been in a fight using a weapon or attacked someone with the idea of seriously hurting them? | <input type="checkbox"/> | <input type="checkbox"/> | R4.9 |
| | c) Have you ever driven a vehicle after drinking or using drugs? | <input type="checkbox"/> | <input type="checkbox"/> | R4.8 |
| | d) Have you ever tried to hurt yourself? | <input type="checkbox"/> | <input type="checkbox"/> | R4.10 |
| | e) Have you ever attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> | R4.10 M8.1 |
| 18 | Who do you live with most of the time? | | | |

| Family Functioning | | Yes | No | Indicator |
|---------------------------|--|--------------------------|--------------------------|------------------|
| 19 | Do you spend much time with members of your family? | <input type="checkbox"/> | <input type="checkbox"/> | PF5.10 |
| 20 | Do you feel that you can talk well with people in your family and work out problems? | <input type="checkbox"/> | <input type="checkbox"/> | PF5.1 |
| 21 | Do you feel close to your parents or other members of your family? | <input type="checkbox"/> | <input type="checkbox"/> | PF5.10 |
| 22 | Would your parents (or other family members you live with) know if you did not come home on time? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 |
| 23 | When you are not at home, does your family know where you are or who you are with? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 |
| 24 | Do you feel that the rules in your family are clear? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 R5.3 |
| 25 | Does anyone in your household or family abuse drugs or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | R5. |
| 26 | Has there been a divorce or separation in your household or family in the past 12 months? If yes, when did this happen? | <input type="checkbox"/> | <input type="checkbox"/> | R5.8 |
| 27 | Have you moved (your family moved or you changed households) more than once in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | R5.8 |
| 28 | Does your family expect a phone call if you are late getting home? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 |
| 29 | Does your family have clear rules about alcohol and drug use? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 R5.7 |
| 30 | Would your parents or other family members know if you carried a handgun? | <input type="checkbox"/> | <input type="checkbox"/> | R5.2 |
| 31 | Do people in your family often yell and insult one another in ways that make you uncomfortable or unhappy? | <input type="checkbox"/> | <input type="checkbox"/> | R5.3 |
| 32 | Does anyone in your family let you know when they think you are doing a good job? | <input type="checkbox"/> | <input type="checkbox"/> | PF5.10 |

| Substance Use | | Yes | No | Indicator |
|----------------------|---|--------------------------|--------------------------|--|
| 33 | Do you use alcohol or other drugs that you do not get from your doctor? If yes, how old were you when you first started using? How often do you use? Is your use causing you any problems with your family or school | <input type="checkbox"/> | <input type="checkbox"/> | R6.1 R6.3 R6.2 |
| 34 | Have you ever gone to school while you were drunk or high? | <input type="checkbox"/> | <input type="checkbox"/> | R6.4 |
| 35 | Do your parents or other family members have a problem with alcohol or other drugs? | <input type="checkbox"/> | <input type="checkbox"/> | PF6.6 |

| Attitudes, Values, Beliefs | | Yes | No | Indicator |
|-----------------------------------|---|--------------------------|--------------------------|------------------|
| 36 | Do you have any dreams or goals for the future? Do you expect to achieve at least some of those goals? | <input type="checkbox"/> | <input type="checkbox"/> | T7.5 T7.5 |
| 37 | Do you think it is all right to hurt someone who has made you angry? | <input type="checkbox"/> | <input type="checkbox"/> | R.7.1 |
| 38 | Do you think that your crime caused pain or harm to anyone? | <input type="checkbox"/> | <input type="checkbox"/> | T.7.2 |

| Other | | Yes | No | Indicator |
|--------------|---|--------------------------|--------------------------|------------------|
| 39 | Is there any adult in your life that you can trust or talk to? Which ones? | <input type="checkbox"/> | <input type="checkbox"/> | PF3.6 |
| 40 | Is there much crime in your neighborhood? | <input type="checkbox"/> | <input type="checkbox"/> | PF4.16 |

Note 1: If indicators are not checked within some of the domains on the youth and family questionnaires, you may need general probing for each domain, such as family trauma, family criminal record, or school failure or truancy.

Note 2: Some information should be gathered from records. If records are not available, you will want to ask the youth or family. Examples of this information include:

- Early and persistent antisocial behavior at school.
- Three or more referrals for criminal offenses.
- Referral for a criminal offense at age 13 or younger.
- (From record only, do not ask) History of child abuse/neglect or domestic violence.