

## 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. Remember to check off "Need more information" on the screening form for any indicator you have not gathered information about.

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**

1. Are you currently going to school? Yes No (R2.4)  
(R2.3)  
If yes, what are your grades like? Mostly:  A's and B's (R2.2)  
 B's and C's (PF2.1)  
 C's and D's  
 D's and F's  
Have you failed any classes recently, or are you currently failing any classes? Yes No (R2.2)  
If you are not going to school, why not? \_\_\_\_\_
2. Are you involved in any school activities outside of classes? Yes No (PF2.1)  
(PF4.5)
3. Have you ever been suspended or dropped out of school? Yes No (R2.4)  
If yes, when? \_\_\_\_\_ (R2.5)
4. Does anyone in your family help you with homework or help you with school in other ways? Yes No (PF2.7)
5. Does anyone in your family ever talk with your teachers about how you are doing? Yes No (PF2.7)
6. Do you ever skip school? How often? Yes No (R2.3)

### **Peer Relationships**

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? Yes No (R3.3)
9. Do any of the people you hang out with carry a handgun? Yes No (R3.2)
10. Do you spend a lot of time hanging out with others, or do you spend most of your time alone? Yes No (M8.5)
11. Do you have any friends who get mostly A's and B's? Yes No (PF3.4)  
How many? \_\_\_\_\_
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? Yes No (T3.5)

### **Behavior Issues**

*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.*

13. Do you ever get in fights at school? Yes No (R4.1)

14. Have you ever run away from home? Yes No (R4.6)  
 [IF YES]  
 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? \_\_\_\_\_
15. Have you ever ridden in a vehicle with a teenage driver who had been drinking or using drugs? Yes No (R4.10)
16. Have you ever done anything else that was really dangerous? Yes No (R4.10)
- 17.
- a) Have you ever carried a handgun or other illegal weapon? Yes No (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? Yes No (R4.9)
- c) Have you ever driven a vehicle after drinking or using drugs? Yes No (R4.8)
- d) Have you ever tried to hurt yourself? Yes No (R4.10)
- e) Have you ever attempted suicide? Yes No (R4.10) (M8.1)
18. Who do you live with most of the time? \_\_\_\_\_

**Family Functioning**

19. Do you spend much time with members of your family? Yes No(PF5.10)
20. Do you feel that you can talk well with people in your family and work out problems? Yes No(PF5.1)
21. Do you feel close to your parents or other members of your family? Yes No(PF5.10)
22. Would your parents (or other family members you live with) know if you did not come home on time? Yes No (R5.2)
23. When you are not at home, does your family know where you are or who you are with? Yes No (R5.2)
24. Do you feel that the rules in your family are clear? Yes No (R5.2) (R5.3)
25. Does anyone in your household or family abuse drugs or alcohol? Yes No (R5.7)
26. Has there been a divorce or separation in your household or family in the past 12 months? Yes No (R5.8)  
 [IF YES] When did this happen? \_\_\_\_\_
27. Have you moved (your family moved or you changed

- households) more than once in the past 12 months? Yes No (R5.8)
28. Does your family expect a phone call if you are late getting home? Yes No (R5.2)
29. Does your family have clear rules about alcohol and drug use? Yes No (R5.2)  
(R5.7)
30. Would your parents or other family members know if you carried a handgun? Yes No (R5.2)
31. Do people in your family often yell and insult one another in ways that make you uncomfortable or unhappy? Yes No (R5.3)
32. Does anyone in your family let you know when they think you are doing a good job? Yes No(PF5.10)

### **Substance Use**

33. Do you use alcohol or other drugs that you do not get from your doctor? Yes No (R6.1)  
[IF YES] How old were you when you first started using? \_\_\_\_\_ (R6.3)  
How often do you use? \_\_\_\_\_  
Is your use causing you any problems with your family or school? Yes No (R6.2)
34. Have you ever gone to school while you were drunk or high? Yes No (R6.4)
35. Do your parents or other family members have a problem with alcohol or other drugs ? Yes No (PF6.6)

### **Attitudes, Values, Beliefs**

36. Do you have any dreams or goals for the future? Yes No (T7.5)  
Do you expect to achieve at least some of those goals? Yes No (T7.5)
37. Do you think it is all right to hurt someone who has made you angry? Yes No (R.7.1)
38. Do you think that your crime caused pain or harm to anyone? Yes No (T.7.2)

### **Other**

39. Is there any adult in your life that you can trust or talk to? Which ones? Yes No(PF3.6)
40. Is there much crime in your neighborhood? Yes No(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.