PBH (WR) **Youth Life Status Questionnaire** **YLSQ**

This form will be returned to you if you do not supply the client's name, date of birth, and the "Reference ID-Suffix" which can be found on the authorization form. Clients should complete this form prior to the 1st, 3rd, and 5th sessions. Fax to PBH Clinical Services at (800) 992-2809.

Reference ID-Suffix: (Located on authorization form) - Client's Name: (Last, First)

Provider's Last Name (1st 10 Characters) | Client's Date of Birth | Session # | Completion Date

Purpose: The Y-LSQ is designed to describe a wide range of situations, behaviors, and moods that are common to children and adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never" category. When you begin to complete the Y-LSQ you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible, it is more likely that you will be able to receive the help that you are seeking.

Directions for adolescents: Read each statement carefully. Fill in the circle that most accurately describes the past week. Decide how true this statement is during the past 7 days. Check only one answer for each statement. **Directions for parents/ guardians completing questionnaire:** If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child…" or "My child's…" rather than "I…" or My…." It is important that you answer as accurately as possible based on your personal observation and knowledge.

Person Completing Form: ☐ Adolescent ☐ Parent/guardian ☐ Other

	Never	Rarely	Sometimes	Frequently	Almost Always
1. I have headaches or feel dizzy	0	1	2	3	4
2. I don't participate in activities that used to be fun	0	1	2	3	4
3. I argue or speak rudely to others	0	1	2	3	4
4. I have a hard time finishing my assignments or I do them carelessly	0	1	2	3	4
5. My emotions are strong and change quickly	0	1	2	3	4
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others	0	1	2	3	4
7. I worry and can't get thoughts out of my mind	0	1	2	3	4
8. I steal or lie	0	1	2	3	4
9. I have a hard time sitting still (or I have too much energy)	0	1	2	3	4
10. I use alcohol or drugs	0	1	2	3	4
11. I am tense and easily startled (jumpy)	0	1	2	3	4
12. I am sad or unhappy	0	1	2	3	4
13. I have a hard time trusting friends, family members, or other adults	0	1	2	3	4
14. I think that others are trying to hurt me even when they are not	0	1	2	3	4
15. I have threatened to, or have run away from home	0	1	2	3	4
16. I physically fight with adults	0	1	2	3	4
17. My stomach hurts or I feel sick more than others my same age	0	1	2	3	4
18. I don't have friends or I don't keep friends very long	0	1	2	3	4
19. I think about suicide or feel I would be better off dead	0	1	2	3	4
20. I have nightmares, trouble getting to sleep, or oversleeping, or waking up too early.	0	1	2	3	4
21. I complain about or question rules, expectations, or responsibilities	0	1	2	3	4
22. I break rules, laws, or don't meet others' expectations on purpose	0	1	2	3	4
23. I feel irritated	0	1	2	3	4
24. I get angry enough to threaten others	0	1	2	3	4
25. I get into trouble when I'm bored	0	1	2	3	4
26. I destroy property on purpose	0	1	2	3	4
27. I have a hard time concentrating, thinking clearly, or sticking to tasks	0	1	2	3	4
28. I withdraw from my family and friends	0	1	2	3	4
29. I act without thinking and don't worry about what will happen	0	1	2	3	4
30. I feel like I don't have any friends or that no one likes me	0	1	2	3	4

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