

Client ID Number

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Instructions: Think about the things you do and how you feel. Fill in the circle that best describes you.

	Never ₁	Sometimes	Often
1. I help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have 2 or more friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I understand the consequences of my behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have an interest in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have good relationships with adults outside my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am confident (not easily embarrassed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have a good relationship with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am able to concentrate/pay attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am able to plan and organize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I participate in activities (sports, arts, hobbies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I take responsibility for tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I handle criticism well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Instructions: Think about your behavior over the Last Two Months. Fill in the circle that best describes you.

	No ₀	Yes ₁
1. Had contact with police	<input type="radio"/>	<input type="radio"/>
2. Used alcohol	<input type="radio"/>	<input type="radio"/>
3. Ran away	<input type="radio"/>	<input type="radio"/>
4. Used illegal drugs	<input type="radio"/>	<input type="radio"/>
5. Attempted suicide/hurt self	<input type="radio"/>	<input type="radio"/>
6. Set fires	<input type="radio"/>	<input type="radio"/>
7. Cruel to animals	<input type="radio"/>	<input type="radio"/>
8. Hurt or cut myself.	<input type="radio"/>	<input type="radio"/>

Instructions:

Think about your behavior and whether it has caused problems for you. Fill in the circle that is most like you.

How often has your behavior caused problems in each of the following areas?

	Never ₁	Sometimes ₂	Often ₃	Almost Always ₄
1. Home and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Friendships with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Leisure (free time) activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How long have you had problems?

Less than a month	1 - 3 months	4 - 6 months	7 - 12 months	13 - 17 months	18 - 24 months	More than two years
<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆	<input type="radio"/> ₇

Instructions: Think about your life and how you are feeling about the future. Fill in the circle that best describes you.

	Never ₁	Sometimes ₂	Often ₃
1. I am happy with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have what I need in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My life is going well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have all the support from my family or friends that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am able to accomplish the things I want to do in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel good about what's going on in my life right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I wish my life was different than it is right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am able to do the kinds of things that other kids my age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There are people I can count on to help me out if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have more stress and pressure in my life than I can handle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>