



45688

Brief Adolescent Outcome Questionnaire

Version 11

Completed by: O Adolescent O Adult who knows the adolescent well

Below is a list of things young people might do, or feel. Please fill in the circle that best tells how often you did, or felt these things in the last 2 weeks. Think about the different places you may have done or felt these things, like at school, at home, or with friends (or at work, if you have a job).

Table with 6 columns: In the past 2 weeks how often did you..., Never, Hardly ever, Some-times, Often, Very often. Rows include items like 'Use drugs for non-medical purposes?', 'Threaten or bully others?', 'Feel worthless?', etc.

If this is not your first session, please take a moment to give feedback on your most recent session to help us better serve your needs.

Table with 6 columns: Not at all, Only a little, Some-what, Quite a bit, Totally. Rows include feedback questions like 'This therapist and I are working toward the same goals.'

For Office Use Only

Form fields for Date Completed, Org ID, Site ID, Session #, Client ID, and Clinician ID.

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