



Please print

For office use only
ID #

Rating
Period #

Days in
Interval:

BRIEF PROBLEM MONITOR-YOUTH FORM (BPM-Y) FOR AGES 11-18

YOUR FULL NAME	First	Middle	Last	YOUR GENDER	YOUR AGE	YOUR BIRTHDATE
				<input type="checkbox"/> Boy <input type="checkbox"/> Girl		Mo. _____ Day _____ Year _____

COMPLETE THIS FORM BY:
 Mo. _____ Day _____ Year _____
 TODAY'S DATE
 Mo. _____ Day _____ Year _____

Below is a list of items that describe kids. Please rate each item that describes you **now or within the past _____ days**. Please circle the **2** if the item is **very true** of you. Circle the **1** if the item is **somewhat true** of you. If the item is **not true** of you, circle the **0**. **Please answer all items as well as you can.**

0 = Not True

1 = Somewhat True

2 = Very True

Comments

0	1	2	1. I act too young for my age	_____
0	1	2	2. I argue a lot	_____
0	1	2	3. I fail to finish things I start	_____
0	1	2	4. I have trouble concentrating or paying attention	_____
0	1	2	5. I have trouble sitting still	_____
0	1	2	6. I destroy things belonging to others	_____
0	1	2	7. I disobey my parents	_____
0	1	2	8. I disobey at school	_____
0	1	2	9. I feel worthless or inferior	_____
0	1	2	10. I act without stopping to think	_____
0	1	2	11. I am too fearful or anxious	_____
0	1	2	12. I feel too guilty	_____
0	1	2	13. I am self-conscious or easily embarrassed	_____
0	1	2	14. I am inattentive or easily distracted	_____
0	1	2	15. I am stubborn	_____
0	1	2	16. I have a hot temper	_____
0	1	2	17. I threaten to hurt people	_____
0	1	2	18. I am unhappy, sad, or depressed	_____
0	1	2	19. I worry a lot	_____
Additional items				
0	1	2	_____	_____
0	1	2	_____	_____
0	1	2	_____	_____

Please be sure you answered all items.

