



Please print your answers.

# ADULT SELF-REPORT FOR AGES 18-59

For office use only  
ID#

YOUR FULL NAME  
First Middle Last

YOUR GENDER  
 Man  Woman

YOUR AGE

ETHNIC GROUP OR RACE

TODAY'S DATE  
Mo. \_\_\_\_ Date \_\_\_\_ Yr. \_\_\_\_

YOUR BIRTHDATE  
Mo. \_\_\_\_ Date \_\_\_\_ Yr. \_\_\_\_

Please fill out this form to reflect **your** views, even if other people might not agree. You need not spend a lot of time on any item. Feel free to print additional comments. **Be sure to answer all items.**

YOUR USUAL TYPE OF WORK, even if not working now. Please be specific—for example, auto mechanic; high school teacher; homemaker; laborer; lathe operator; shoe salesman; army sergeant; student (indicate what you are studying & what degree you expect).

Your work \_\_\_\_\_ Spouse or partner's work \_\_\_\_\_

### PLEASE CHECK YOUR HIGHEST EDUCATION

- 1. No high school diploma and no GED
- 2. General Equivalency Diploma (GED)
- 3. High school graduate
- 4. Some college but no college degree
- 5. Associate's Degree
- 6. Bachelor's or RN Degree
- 7. Some graduate school but no graduate degree
- 8. Master's Degree
- 9. Doctoral or Law Degree
- Other education (specify): \_\_\_\_\_

## I. FRIENDS:

- A. About how many close friends do you have? (Do not include family members.)
- None     1     2 or 3     4 or more
- B. About how many times a month do you have contact with any of your close friends? (Include in-person contacts, phone, letters, e-mail.)
- Less than 1     1 or 2     3 or 4     5 or more
- C. How well do you get along with your close friends?
- Not as well as I'd like     Average     Above average     Far above average
- D. About how many times a month do any friends or family visit you?
- Less than 1     1 or 2     3 or 4     5 or more

## II. SPOUSE OR PARTNER:

- What is your marital status?
- Never been married     Married but separated from spouse
- Married, living with spouse     Divorced
- Widowed     Other—please describe: \_\_\_\_\_

At any time in the past 6 months, did you live with your spouse or with a partner?

- No—please skip to page 2.
- Yes—Circle 0, 1, or 2 beside items A-H to describe your relationship **during the past 6 months:**

0 = Not True    1 = Somewhat or Sometimes True    2 = Very True or Often True

0 1 2 A. I get along well with my spouse or partner	0 1 2 E. My spouse or partner and I disagree about living arrangements, such as where we live
0 1 2 B. My spouse or partner and I have trouble sharing responsibilities	0 1 2 F. I have trouble with my spouse or partner's family
0 1 2 C. I feel satisfied with my spouse or partner	0 1 2 G. I like my spouse or partner's friends
0 1 2 D. My spouse or partner and I enjoy similar activities	0 1 2 H. My spouse or partner's behavior annoys me

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ASEBA, University of Vermont  
1 South Prospect St., Burlington, VT 05401-3456  
www.ASEBA.org

Please be sure you have answered all items.

Then see other side.

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Please print. Be sure to answer all items.

**III. FAMILY:**

Compared with others, how well do you:

		Worse than Average	Variable or Average	Better than Average	No Contact
A. Get along with your brothers?	<input type="checkbox"/> I have no brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Get along with your sisters?	<input type="checkbox"/> I have no sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Get along with your mother?	<input type="checkbox"/> Mother is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Get along with your father?	<input type="checkbox"/> Father is deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Get along with your biological or adopted children?	<input type="checkbox"/> I have no children				
1. Oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 2nd oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 3rd oldest child	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other children	<input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Get along with your stepchildren?	<input type="checkbox"/> I have no stepchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. JOB: At any time in the past 6 months, did you have any paid jobs (including self-employment and military service)?**

No—please skip to Section V.

Yes—please describe your job(s): \_\_\_\_\_

Circle 0, 1, or 2 beside items A-I to describe your work experience *during the past 6 months*:

0 = Not True      1 = Somewhat or Sometimes True      2 = Very True or Often True

0 1 2	A. I work well with others	0 1 2	F. I do things that may cause me to lose my job
0 1 2	B. I have trouble getting along with bosses	0 1 2	G. I stay away from my job even when I'm not sick or not on vacation
0 1 2	C. I do my work well	0 1 2	H. My job is too stressful for me
0 1 2	D. I have trouble finishing my work	0 1 2	I. I worry too much about work
0 1 2	E. I am satisfied with my work situation		

**V. EDUCATION: At any time in the past 6 months, did you attend school, college, or any other educational or training program?**

No—please skip to Section VI.

Yes—what kind of school or program? \_\_\_\_\_

What degree or diploma are you seeking? \_\_\_\_\_ Major? \_\_\_\_\_

When do you expect to receive your degree or diploma? \_\_\_\_\_

Circle 0, 1, or 2 beside items A-E to describe your educational experience *during the past 6 months*:

0 = Not True      1 = Somewhat or Sometimes True      2 = Very True or Often True

0 1 2	A. I get along well with other students	0 1 2	D. I am satisfied with my educational situation
0 1 2	B. I achieve what I am capable of	0 1 2	E. I do things that may cause me to fail
0 1 2	C. I have trouble finishing assignments		

**VI. Do you have any illness, disability, or handicap?**  No  Yes—please describe: \_\_\_\_\_

**VII. Please describe your concerns or worries about family, work, education, or other things:**  No concerns

**VIII. Please describe the best things about yourself:** \_\_\_\_\_

Please print your answers. Be sure to answer all items.

IX. Below is a list of items that describe people. For each item, please circle 0, 1, or 2 to describe yourself over the past 6 months. Please answer all items as well as you can, even if some do not seem to apply to you.

0 = Not True	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2 1. I am too forgetful		0 1 2 37. I get in many fights
0 1 2 2. I make good use of my opportunities		0 1 2 38. My relations with neighbors are poor
0 1 2 3. I argue a lot		0 1 2 39. I hang around people who get in trouble
0 1 2 4. I work up to my ability		0 1 2 40. I hear sounds or voices that other people think aren't there (describe): _____
0 1 2 5. I blame others for my problems		
0 1 2 6. I use drugs (other than alcohol and nicotine) for nonmedical purposes (describe): _____		0 1 2 41. I am impulsive or act without thinking
		0 1 2 42. I would rather be alone than with others
0 1 2 7. I brag		0 1 2 43. I lie or cheat
0 1 2 8. I have trouble concentrating or paying attention for long		0 1 2 44. I feel overwhelmed by my responsibilities
0 1 2 9. I can't get my mind off certain thoughts (describe): _____		0 1 2 45. I am nervous or tense
		0 1 2 46. Parts of my body twitch or make nervous movements (describe): _____
0 1 2 10. I have trouble sitting still		
0 1 2 11. I am too dependent on others		0 1 2 47. I lack self-confidence
0 1 2 12. I feel lonely		0 1 2 48. I am not liked by others
0 1 2 13. I feel confused or in a fog		0 1 2 49. I can do certain things better than other people
0 1 2 14. I cry a lot		0 1 2 50. I am too fearful or anxious
0 1 2 15. I am pretty honest		0 1 2 51. I feel dizzy or lightheaded
0 1 2 16. I am mean to others		0 1 2 52. I feel too guilty
0 1 2 17. I daydream a lot		0 1 2 53. I have trouble planning for the future
0 1 2 18. I deliberately try to hurt or kill myself		0 1 2 54. I feel tired without good reason
0 1 2 19. I try to get a lot of attention		0 1 2 55. My moods swing between elation and depression
0 1 2 20. I damage or destroy my things		56. Physical problems <b>without known medical cause:</b>
0 1 2 21. I damage or destroy things belonging to others		0 1 2 a. Aches or pains ( <b>not</b> stomach or headaches)
0 1 2 22. I worry about my future		0 1 2 b. Headaches
0 1 2 23. I break rules at work or elsewhere		0 1 2 c. Nausea, feel sick
0 1 2 24. I don't eat as well as I should		0 1 2 d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____
0 1 2 25. I don't get along with other people		
0 1 2 26. I don't feel guilty after doing something I shouldn't		0 1 2 e. Rashes or other skin problems
0 1 2 27. I am jealous of others		0 1 2 f. Stomachaches
0 1 2 28. I get along badly with my family		0 1 2 g. Vomiting, throwing up
0 1 2 29. I am afraid of certain animals, situations, or places (describe): _____		0 1 2 h. Heart pounding or racing
		0 1 2 i. Numbness or tingling in body parts
0 1 2 30. My social relations with the opposite sex are poor		0 1 2 57. I physically attack people
0 1 2 31. I am afraid I might think or do something bad		0 1 2 58. I pick my skin or other parts of my body (describe): _____
0 1 2 32. I feel that I have to be perfect		
0 1 2 33. I feel that no one loves me		0 1 2 59. I fail to finish things I should do
0 1 2 34. I feel that others are out to get me		0 1 2 60. There is very little that I enjoy
0 1 2 35. I feel worthless or inferior		0 1 2 61. My work performance is poor
0 1 2 36. I accidentally get hurt a lot, accident-prone		0 1 2 62. I am poorly coordinated or clumsy

Please print your answers. Be sure to answer all items.

0 = Not True	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2	63. I would rather be with older people than with people of my own age	0 1 2 93. I talk too much
0 1 2	64. I have trouble setting priorities	0 1 2 94. I tease others a lot
0 1 2	65. I refuse to talk	0 1 2 95. I have a hot temper
0 1 2	66. I repeat certain acts over and over (describe): _____	0 1 2 96. I think about sex too much
	_____	0 1 2 97. I threaten to hurt people
0 1 2	67. I have trouble making or keeping friends	0 1 2 98. I like to help others
0 1 2	68. I scream or yell a lot	0 1 2 99. I dislike staying in one place for very long
0 1 2	69. I am secretive or keep things to myself	0 1 2 100. I have trouble sleeping (describe): _____
0 1 2	70. I see things that other people think aren't there (describe): _____	
	_____	0 1 2 101. I stay away from my job even when I'm not sick or not on vacation
0 1 2	71. I am self-conscious or easily embarrassed	0 1 2 102. I don't have much energy
0 1 2	72. I worry about my family	0 1 2 103. I am unhappy, sad, or depressed
0 1 2	73. I meet my responsibilities to my family	0 1 2 104. I am louder than others
0 1 2	74. I show off or clown	0 1 2 105. People think I am disorganized
0 1 2	75. I am too shy or timid	0 1 2 106. I try to be fair to others
0 1 2	76. My behavior is irresponsible	0 1 2 107. I feel that I can't succeed
0 1 2	77. I sleep more than most other people during day and/or night (describe): _____	0 1 2 108. I tend to lose things
	_____	0 1 2 109. I like to try new things
0 1 2	78. I have trouble making decisions	0 1 2 110. I wish I were of the opposite sex
0 1 2	79. I have a speech problem (describe): _____	0 1 2 111. I keep from getting involved with others
	_____	0 1 2 112. I worry a lot
0 1 2	80. I stand up for my rights	0 1 2 113. I worry about my social relations with the opposite sex
0 1 2	81. My behavior is very changeable	0 1 2 114. I fail to pay my debts or meet other financial responsibilities
0 1 2	82. I steal	0 1 2 115. I feel restless or fidgety
0 1 2	83. I am easily bored	0 1 2 116. I get upset too easily
0 1 2	84. I do things that other people think are strange (describe): _____	0 1 2 117. I have trouble managing money or credit cards
	_____	0 1 2 118. I am too impatient
0 1 2	85. I have thoughts that other people would think are strange (describe): _____	0 1 2 119. I am not good at details
	_____	0 1 2 120. I drive too fast
0 1 2	86. I am stubborn, sullen, or irritable	0 1 2 121. I tend to be late for appointments
0 1 2	87. My moods or feelings change suddenly	0 1 2 122. I have trouble keeping a job
0 1 2	88. I enjoy being with people	0 1 2 123. I am a happy person
0 1 2	89. I rush into things without considering the risks	
0 1 2	90. I drink too much alcohol or get drunk	124. <b>In the past 6 months</b> , about how many times per day did you use tobacco (including smokeless tobacco)? _____ times per day.
0 1 2	91. I think about killing myself	125. <b>In the past 6 months</b> , on how many days were you drunk? _____ days.
0 1 2	92. I do things that may cause me trouble with the law (describe): _____	126. <b>In the past 6 months</b> , on how many days did you use drugs for nonmedical purposes (including marijuana, cocaine, and other drugs, except alcohol and nicotine)? _____ days.
	_____	