

# Youth Outcome Questionnaire

## What is the Youth Outcome Questionnaire (YOQ)?

The YOQ is a questionnaire that asks about your child's behaviors and feelings. From time to time, we ask you (or sometimes your child) to complete the YOQ to help mental health providers better:

- Understand how your child is feeling
- Focus on specific areas that need attention
- Involve both you and your child in planning treatment goals
- Measure your child's progress in treatment

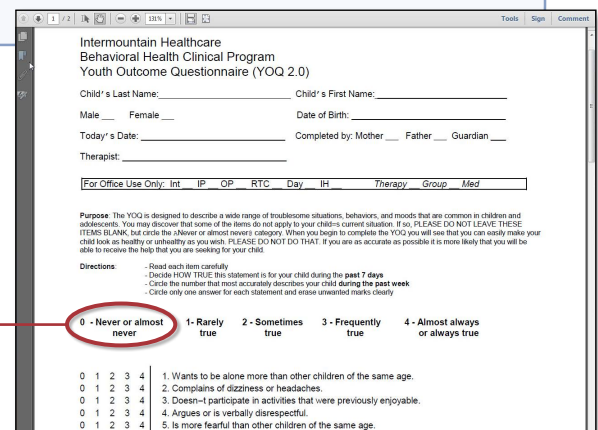
Although you don't have to fill out the YOQ, it helps make your child's treatment more effective if you do. Your provider will share both YOQ scores and progress with you and your child during your therapy sessions.

## How can the YOQ help my child?

The YOQ gives you, your child, and your child's treatment provider a consistent way to think and talk about what's working and what's not working in treatment. Tested with thousands of children, the YOQ is very reliable for pointing out how your child is progressing and what needs more treatment focus.

### The YOQ: What do I need to do?

- Fill out the YOQ when recommended by your provider.
- Complete the form at home or in the office (arrive 15 minutes early for your appointment).
- Answer each item as accurately as possible based on your child's experience in the past 7 days.
- Don't leave an item blank. Use "0" for "never or almost never," even if the question doesn't apply to your child's situation.
- Talk to your provider about any questions or concerns (use the next page to record your questions).



Intermountain Healthcare  
Behavioral Health Clinical Program  
Youth Outcome Questionnaire (YOQ 2.0)

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Completed by: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_  
Therapist: \_\_\_\_\_

For Office Use Only: Int IP OP RTC Day IH Therapy Group Med

**Purpose:** The YOQ is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, PLEASE DO NOT LEAVE THESE ITEMS BLANK, but circle the "never or almost never" category. When you begin to complete the YOQ you will see that you can easily make your child 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 for your child.

**Directions:**

- Read each item carefully
- Decide HOW TRUE this statement is for your child during the past 7 days
- Circle the number that most accurately describes your child during the past week
- Circle only one answer for each statement and erase unwanted marks clearly

0 - Never or almost never    1 - Rarely true    2 - Sometimes true    3 - Frequently true    4 - Almost always or always true

0 1 2 3 4    1. Wants to be alone more than other children of the same age.  
0 1 2 3 4    2. Complains of dizziness or headaches.  
0 1 2 3 4    3. Doesn't participate in activities that were previously enjoyable.  
0 1 2 3 4    4. Argues or is verbally disrespectful.  
0 1 2 3 4    5. Is more fearful than other children of the same age.

## How do I use the YOQ?

The YOQ form lists behaviors, situations, and moods that your child may be experiencing. To best help your child, base your answers honestly on how things have been going the past 7 days.

The form usually takes about 5 to 10 minutes to complete. You and your child will fill it out before sessions, either in the office on a tablet or computer or on your own device at home. The YOQ is automatically scored so your provider has access to the results before your session.

Your child's provider will tell you how often the YOQ needs to be filled out based on the types of services your child receives.

