



OHIO YOUTH ASSESSMENT SYSTEM

DISPOSITION TOOL

SELF-REPORT QUESTIONNAIRE



Please fill this out to the best of your ability. Your responses will be used to help make the best decisions regarding your situation.

1. How old were you when you first got in trouble with the law? _____

a. What did you do to get in trouble? _____

2. My family is important to me.

Strongly agree Agree Disagree Strongly Disagree

3. How likely are you to follow your parent's rules?

No contact Not at all Some A lot Always

4. How often do you get into arguments with adults?

Not at all Some A lot Always

5. My family wants me to stop getting in trouble.

Strongly agree Agree Disagree Strongly Disagree

6. My friends get into physical fights.

A lot Sometimes Never

7. Have you ever been arrested with any of your friends?

No

Yes

8. My friends/family are part of a gang. No Yes

9. My friends are important to me.

Strongly agree Agree Disagree Strongly Disagree

10. How many times have you been suspended from school?

0 1 2 3+

11. When was the last time you were suspended? _____

12. How many times have you been expelled from school?

0 1 2 3+

13. How many of your teachers or other school staff do you have a positive relationship with? _____

14. Have you ever been employed? No Yes

15. If yes, how do you get along with your boss?

Not at all Somewhat OK Good Very Good

16. How old were you the first time you used drugs? _____

17. When was the last time you used drugs? _____

18. When was the last time you used alcohol? _____

19. How likely are you to quit using drugs?

Never used Highly unlikely Unlikely Likely Highly Likely

20. On a scale of 1 to 10 rate yourself on how cool you are? _____
(10 is the most cool)

21. On a scale of 1 to 10 how cool would your friends rate you? _____
(10 is the most cool)

22. I can stop breaking the law.

Strongly agree Agree Disagree Strongly disagree

23. There are some good things about gangs.

Strongly agree Agree Disagree Strongly disagree

24. I am friends with people in a gang.

No Yes

25. Have you ever experienced any of the following?

Neglect	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sexual abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes