IRS-Self

Please rate the extent to which any behavior difficulties of yours (if any) affect these areas and whether these difficulties are sufficient enough that they require treatment, counseling, or extra help at this time.

Your relationships with other people your age

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationships with your brothers or sisters (__ check if do not have siblings)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationships with your parents

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your academic progress at school (__ check if not in school)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationships with teachers (__ check if not in school)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your ability to get and maintain a job

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your progress at work (__ check if do not have a job)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationships with your co-workers (__ check if do not have a job)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationships with your supervisors (__ check if do not have a job)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Self-esteem, or how you feel about yourself

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your ability to start and maintain romantic relationships

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationship with your spouse or other serious romantic partner (__ check if do not have a romantic relationship)

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Your relationship with your children (__ check if do not have any children

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help

Overall, how serious a problem do you have in your life because of these behaviors?

0	1	2	3	4	5	6
No Problem Definitely do not need treatment, counseling, or extra help						Extreme Problem Definitely need treatment, counseling, or extra help