



Brief Child Outcome Questionnaire
Version 11

Completed by: Child Adult who knows the child well

Below is a list of things young people might do, or feel. Please fill in the circle that best tells how often you did, or felt these things in the last 2 weeks. Think about the different places you may have done or felt these things, like at school, at home, or with friends (or at work, if you have a job).

In the past 2 weeks how often did you...	Never	Hardly ever	Some-times	Often	Very often
<i>Feel threatened or bullied by others?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Feel worthless?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Have a hard time having fun?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Sleep a lot more than you normally do?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Eat a lot more or a lot less than usual?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Feel nervous and/or shy around other people?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Get into fights with family members and/or friends?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Have a hard time sleeping because you were worried?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Feel unhappy or sad?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Think that you don't have any friends?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Get into trouble?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Have little or no energy?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Avoid going to school?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Think about hurting yourself?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Disobey adults? (not do what adults told you to do)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If this is not your first session, please take a moment to give feedback on your most recent session to help us better serve your needs.	Not at all	Only a little	Some-what	Quite a bit	Totally
<i>This therapist and I are working toward the same goals.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Did the last session head in the direction that you wanted?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Did you feel the therapist understood and respected you during the last session?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Date Completed:			/			/			Org ID:	Site ID:			Session #:				
Client ID:										Clinician ID:							

