



# Brief Child Outcome Questionnaire

**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 week. 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).

If you are a parent/guardian, answer the questions about the child.

<b>In the past week how often did you...</b>	<b>Never</b>	<b>Hardly ever</b>	<b>Some-times</b>	<b>Often</b>	<b>Very often</b>
...annoy other people on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worry about a lot of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel nervous and/or shy around other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...argue with adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...cry easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...get into fights with family members or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel unhappy or sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...think that you don't have any friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...get into trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...lie to get things you wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have a hard time controlling your temper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...interrupt others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have a hard time waiting your turn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have a hard time paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...lose things you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have a hard time sitting still?	<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.**

	<b>Not at all</b>	<b>Only a little</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Totally</b>
This counselor and I are working toward the same goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the last session head in the direction that you wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel the counselor understood and respected you during the last session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For Office Use Only**

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

Client ID:              Clinician ID: