

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS

POSIT FOLLOW-UP QUESTIONNAIRE

INSTRUCTIONS TO THE RESPONDENT

"Please answer the following questions about the past [two months] in your life?"

GUIDELINES FOR THE POSIT ADMINISTRATOR

The POSIT Follow-up questionnaire items were derived from POSIT questionnaire items in the following problem areas: (A) Substance Use/Abuse - 17 items; (B) Physical Health - 10 items, (C) Mental Health -22 items; (D) Family Relations - 11 items; (E) Peer Relations -10 items; (H) Social Skills - 11 items; and (I) Leisure/Recreation 12 items.

To administer the POSIT Follow-up questionnaire

There should be at least two months between administering the POSIT and the POSIT Follow-up questionnaire. Fill in desired length of time between administrations (two or more months) in the blank space in the "Instructions to the Respondent."

To score the POSIT Follow-up questionnaire

Use the same system to score the POSIT and the POSIT Follow-up questionnaire. Differences in specific problem area scores indicate a potential change during the period between the two POSIT administrations. The Risk-Adjusted POSIT Score Sheet can be used for estimating risk level for the POSIT and for those problem areas represented on the POSIT-Follow-up questionnaire.

To obtain more information on the POSIT Follow-up questionnaire, contact

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1.	Have you had so much energy you don't know what to do with it?	Yes	No
2.	Have you gotten into trouble because you used drugs or alcohol at school?	Yes	No
3.	Have your friends gotten bored at parties when there is no alcohol served?	Yes	No
4.	Has it been hard for you to ask for help from others?	Yes	No
5.	Has there been adult supervision at the parties you have gone to in the past 6 months?	Yes	No
6.	Have your parents or guardians argued a lot?	Yes	No
7.	Have you thought about how your actions will affect others?	Yes	No
8.	Have you either lost or gained more than 10 pounds?	Yes	No
9.	Were you intimate with someone who shot up drugs?	Yes	No
10.	Have you often felt tired?	Yes	No
11.	Have you had trouble with stomach pain or nausea?	Yes	No
12.	Have you gotten easily frightened?	Yes	No
13.	Have any of your best friends dated regularly?	Yes	No
14.	Have you dated regularly?	Yes	No
15.	Are most of your friends older than you are?	Yes	No
16.	Have you had less energy than you think you should?	Yes	No
17.	Have you gotten frustrated easily?	Yes	No
18.	Have you felt alone most of the time?	Yes	No
19.	Have you slept either too much or too little?	Yes	No
20.	Have your parents or guardians approved of your friends?	Yes	No
21.	Have your parents or guardians refused to talk with you when they are mad at you?	Yes	No
22.	Have you rushed into things without thinking about what could happen?	Yes	No
23.	Has your free time been spent just hanging out with friends?	Yes	No
24.	Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	Yes	No
25.	Have you had any accidents or injuries that still bother you?	Yes	No
26.	Have you had friends who damage or destroyed things on purpose?	Yes	No
27.	Have the whites of your eyes turned yellow?	Yes	No
28.	Did your parents or guardians know where you were and what you were doing?	Yes	No
29.	Did you miss out on activities because you spent too much money on drugs or alcohol?	Yes	No
30.	Have people picked on you because of the way you look?	Yes	No

32.	Have you felt nervous most of the time?	Yes	No
33.	Were you told you are hyperactive?	Yes	No
34.	Have you felt you are addicted to alcohol or drugs?	Yes	No
35.	Have you found a hobby you are really interested in?	Yes	No
36.	Did you feel people were against you?	Yes	No
37.	Did you participate in team sports which have regular practices?	Yes	No
38.	Have your friends brought drugs to parties?	Yes	No
39.	Have your parents or guardians paid attention when you talked with them?	Yes	No
40.	Did you use more and more drugs or alcohol to get the effect you want?	Yes	No
41.	Have your parents or guardians made rules about what you can and cannot do?	Yes	No
42.	Have any of your best friends gone out on school nights without permission from their parents or guardians?	Yes	No
43.	Did you have trouble getting your mind off things?	Yes	No
44.	Have you left a party because there was no alcohol or drugs?	Yes	No
45.	Have your parents or guardians known what you were really thinking or feeling?	Yes	No
46.	Did you act on the spur of the moment?	Yes	No
47.	Did you exercise for a half hour or more at least once a week?	Yes	No
48.	Have you had a constant desire for alcohol or drugs?	Yes	No
49.	Did people your own age like and respect you?	Yes	No
50.	Have you had trouble with your breathing or with coughing?	Yes	No
51.	Did you hear things no one else around you heard?	Yes	No
52.	Have you had trouble concentrating?	Yes	No
53.	Have you and your parents or guardians had frequent arguments which involved yelling and screaming?	Yes	No
54.	Did you have a car accident while high on alcohol or drugs?	Yes	No
55.	Have you forgotten things you did while drinking or using drugs?	Yes	No
56.	Have you driven a car while you were drunk or high?	Yes	No
57.	Were most of your friends younger than you are?	Yes	No
58.	Did you cut at least 5 days of school?	Yes	No
59.	Have your parents or guardians liked talking with you and being with you?	Yes	No

60.	Have any of your best friends participated in team sports which require regular practices?	Yes	No
61.	Have you been pleased with how well you have done in activities with your friends?	Yes	No
62.	Did alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	Yes	No
63.	Have you felt sad most of the time?	Yes	No
64.	Did you miss school or arrive late for school because of your alcohol or drug use?		
65.	Did your family or friends tell you that you should cut down on your drinking or drug use?	Yes	No
66.	Have you had serious arguments with friends or family members because of your drinking or drug use?	Yes	No
67.	Did you have trouble sleeping?	Yes	No
68.	Has your alcohol or drug use made you do something you would not normally do - like break rules, miss curfew or break the law?	Yes	No
69.	Have you felt that you lose control and got into fights?	Yes	No
70.	Have you had trouble getting along with any of your friends because of your alcohol or drug use?	Yes	No
71.	Have you had a hard time following directions?	Yes	No
72.	Have you been good at talking your way out of trouble?	Yes	No
73.	Do you have friends who have hit or threatened to hit someone without any real reason?	Yes	No
74.	Have you felt you couldn't control your alcohol or drug use?	Yes	No
75.	Do your parents or guardians have a pretty good idea of your interests?	Yes	No
76.	Have your parents or guardians agreed about how to handle you?	Yes	No
77.	Have your friends cut school a lot?	Yes	No
78.	Have you worried a lot?	Yes	No
79.	Have you been able to make fiends easily in a new group?	Yes	No

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| 81. | Have you been afraid to be around people? | Yes | No |
| 82. | Do you have friends who have stolen things? | Yes | No |
| 83. | Have you wanted to be a member of any organized group, team, or club? | Yes | No |
| 84. | Have you thought it's a bad idea to trust other people? | Yes | No |
| 85. | Have you enjoyed doing things with people your own age? | Yes | No |
| 86. | Have you gone out for fun on school nights without your parents' or guardians' permission? | Yes | No |
| 87. | On a typical day, have you watched more than two hours of TV? | Yes | No |
| 88. | Have you been restless and can't sit still? | Yes | No |
| 89. | Have you had sexual intercourse without using a condom? | Yes | No |

POSIT FOLLOW-UP QUESTIONNAIRE ANSWER SHEET

NAME:

DATE:

1.	Yes	No		31.	Yes	No		61.	Yes	No	
2.	Yes	No		32.	Yes	No		62.	Yes	No	
3.	Yes	No		33.	Yes	No		63.	Yes	No	
4.	Yes	No		34.	Yes	No		64.	Yes	No	
5.	Yes	No		35.	Yes	No		65.	Yes	No	
6.	Yes	No		36.	Yes	No		66.	Yes	No	
7.	Yes	No		37.	Yes	No		67.	Yes	No	
8.	Yes	No		38.	Yes	No		68.	Yes	No	
9.	Yes	No		39.	Yes	No		69.	Yes	No	
10.	Yes	No		40.	Yes	No		70.	Yes	No	
11.	Yes	No		41.	Yes	No		71.	Yes	No	
12.	Yes	No		42.	Yes	No		72.	Yes	No	
13.	Yes	No		43.	Yes	No		73.	Yes	No	
14.	Yes	No		44.	Yes	No		74.	Yes	No	
15.	Yes	No		45.	Yes	No		75.	Yes	No	
16.	Yes	No		46.	Yes	No		76.	Yes	No	
17.	Yes	No		47.	Yes	No		77.	Yes	No	
18.	Yes	No		48.	Yes	No		78.	Yes	No	
19.	Yes	No		49.	Yes	No		79.	Yes	No	
20.	Yes	No		50.	Yes	No		80.	Yes	No	
21.	Yes	No		51.	Yes	No		81.	Yes	No	
22.	Yes	No		52.	Yes	No		82.	Yes	No	
23.	Yes	No		53.	Yes	No		83.	Yes	No	
24.	Yes	No		54.	Yes	No		84.	Yes	No	
25.	Yes	No		55.	Yes	No		85.	Yes	No	
26.	Yes	No		56.	Yes	No		86.	Yes	No	
27.	Yes	No		57.	Yes	No		87.	Yes	No	
28.	Yes	No		58.	Yes	No		88.	Yes	No	
29.	Yes	No		59.	Yes	No		89.	Yes	No	
30.	Yes	No		60.	Yes	No					

POSIT FOLLOW-UP SCORING TEMPLATE

NAME:

DATE:

1.		C	31.		D	61.		H
2.		A	32.		C	62.		A
3.		E	33.		C	63.		C
4.		H	34.		A	64.		A
5.		I	35.		I	65.		A
6.		D	36.		C	66.		A
7.		H	37.		I	67.		C
8.		B	38.		E	68.		A
9.		B	39.		D	69.		C
10.		C	40.		A	70.		A
11.		B	41.		D	71.		C
12.		C	42.		I	72.		H
13.		I	43.		C	73.		E
14.		I	44.		A	74.		A
15.		H, E	45.		D	75.		D
16.		B	46.		C, H	76.		D
17.		C	47.		I	77.		E
18.		C, E	48.		A	78.		C
19.		B	49.		H	79.		H
20.		E	50.		B	80.		C
21.		D	51.		C	81.		C
22.		C, H	52.		C	82.		E
23.		I	53.		D	83.		I
24.		A	54.		A	84.		H
25.		B	55.		A	85.		H
26.		E	56.		A	86.		I
27.		B	57.		E	87.		I
28.		D	58.		C	88.		C
29.		A	59.		D	89.		B
30.		B	60.		I			

POSIT FOLLOW-UP QUESTIONNAIRE SCORING

Item # RR* Problem Area	Item # RR* Problem Area	Item # RR* Problem Area
1 ---Y---C	31---N---D	61---N---H
2 ---Y---A	32---Y---C	62---Y---A
3 ---Y--- E	33---Y---C	63---Y---C
4---Y---H	34---Y---A	64---Y---A
5---N ---I	35---N---I	65---Y---A
6---Y---D	36---Y---C	66---Y---A
7 ---N---H	37---N---I	67---Y---C
8 ---Y---B	38---Y---E	68---Y---A
9 ---Y---B	39---N---D	69---Y---C
10---Y---C	40---Y---A	70---Y---A
11---Y---B	41---N---D	71---Y---C
12 ---Y---C	42---Y---I	72---N---H
13 ---N---I	43---Y---C	73---Y---E
14 ---N---I	44---Y---A	74---Y---A
15---Y---H, E	45---N---D	75---N---D
16---Y--- B	46---Y---C, H	76---N---D
17---Y---C	47---N---I	77---Y---E
18---Y---C, E	48---Y---A	78---Y---C
19 ---Y---B	49---N---H	79---N---H
20 --- N--- E	50---Y---B	80---Y---C
21 ---Y---D	51---Y---C	81---Y---C
22---Y---C, H	52---Y---C	82---Y---E
23---Y--- I	53---Y---D	83---N---I
24---Y---A	54---Y---A	84---Y---H
25---Y---B	55---Y---A	85---N---H
26 --- Y--- E	56---Y---A	86---Y---I
27 --- Y--- B	57---Y---E	87---Y---I
28 --- N --- D	58---Y---C	88---Y---C
29 ---Y--- A	59---N---D	89---Y---B
30---Y--- B	60---N---I	RR* = Risk Response

POSIT and POSIT FOLLOW-UP PROBLEM AREAS:

- A - Substance Use/Abuse (17 Item) C- Mental Health (22items) E - Peer Relations (10 Items)
- B - Physical Health (10 items) D - Family Relations (11 Item) H - Social Skills (11 items)
- I - Leisure / Recreation (12 items)