

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS

PROBLEM ORIENTED SCREENING INSTRUMENT FOR PARENTS
POSIP

INSTRUCTIONS TO THE PARENT or GUARDIAN

The purpose of these questions is to help us choose the best ways to help your child. So, please try to answer the questions honestly. Please answer all of the questions. If a question does not fit your child exactly, pick the answer that is mostly true. Many of the questions ask for your own opinion regarding your child's level of involvement with alcohol or other drugs. Please respond to the best of your knowledge."

GUIDELINES FOR THE POSIP ADMINISTRATOR

The POSIP questionnaire items were derived from POSIT questionnaire items in the following problem areas: (A) Substance Use/Abuse - 17 items; (C) Mental Health - 22 items; (D) Family Relations - 11 items; (E) Peer Relations - 10 items; and (J) Aggressive Behavior/ Delinquency - 16 items.

To administer the POSIP questionnaire:

The POSIP can be administered to one or both parents/guardians at the same time or after the POSIT has been administered to the adolescent.

To score the POSIP questionnaire:

Use the same system to score the POSIT and POSIP questionnaires. Differences in specific problem area scores indicate differences in perception of and/or reporting on those problem areas between the parent/guardian and adolescent or between two parents/guardians who are filling out the POSIP questionnaire.

To obtain more information on the POSIP questionnaire, contact.

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- | | | | |
|-----|--|-----|----|
| 1. | Does your child have so much energy that he/she doesn't know what to do with it? | Yes | No |
| 2. | Does your child brag? | Yes | No |
| 3. | Does your child get into trouble because he/she uses drugs or alcohol at school? | Yes | No |
| 4. | Would your child's friends get bored at parties when there is no alcohol served? | Yes | No |
| 5. | Do you and your spouse argue a lot? | Yes | No |
| 6. | Does your child seem tired often? | Yes | No |
| 7. | Does your child seem to be easily frightened | Yes | No |
| 8. | Does your child get frustrated easily? | Yes | No |
| 9. | Has your child ever threatened to hurt people? | Yes | No |
| 10. | Would you describe your child as a loner? | Yes | No |
| 11. | Does your child swear or use dirty language? | Yes | No |
| 12. | Do you approve of your child's friends? | Yes | No |
| 13. | Do you think your child has lied to anyone in the past week? | Yes | No |
| 14. | Do you refuse to talk with your child when you are mad at him/her? | Yes | No |
| 15. | Does your child rush into things without thinking about what could happen? | Yes | No |
| 16. | Has your child accidentally hurt him/herself or someone else while high on alcohol or drugs? | Yes | No |
| 17. | To your knowledge does your child have friends who damage or destroy things on purpose? | Yes | No |
| 18. | Do you usually know where your child is and what he/she is doing? | Yes | No |
| 19. | Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol? | Yes | No |
| 20. | Do you and your child do lots of things together? | Yes | No |
| 21. | Does your child appear to be nervous most of the time? | Yes | No |
| 22. | To your knowledge has your child ever stolen things? | Yes | No |
| 23. | Have you ever been told that your child is hyperactive? | Yes | No |
| 24. | Do you ever feel that your child is addicted to alcohol or drugs? | Yes | No |
| 25. | Does your child act as if others are against him/her? | Yes | No |
| 26. | Do you think your child's friends bring alcohol or other drugs to parties? | Yes | No |
| 27. | Does your child get into fights a lot? | Yes | No |
| 28. | Does your child have a hot temper? | Yes | No |
| 29. | Do you pay attention when your child talks with you? | Yes | No |
| 30. | Does your child seem to need more and more drugs or alcohol to get the effect | | |

31.	Do you have rules about what your child can and cannot do?	Yes	No
32.	Is your child stubborn?	Yes	No
33.	Does your child have trouble getting his/her mind off things?	Yes	No
34.	To your knowledge has your child ever threatened anyone with a weapon?	Yes	No
35.	Would your child ever leave a party because there is no alcohol or drugs?	Yes	No
36.	Do you know how your child really thinks or feels?	Yes	No
37.	Does your child often act on the spur of the- moment?	Yes	No
38.	Do you think your child has a constant desire for alcohol or drugs?	Yes	No
39.	Does your child hear things no one else around him/her hears?	Yes	No
40.	Does your child have trouble concentrating?	Yes	No
41.	Do you and your child have frequent arguments which involve yelling and screaming?	Yes	No
42.	Has your child had a car accident while high on alcohol or drugs?	Yes	No
43.	Does your child seem to forget things he did while drinking or using drugs?	Yes	No
44.	To your knowledge has your child driven a car while drunk or high during the past month?	Yes	No
45.	Is your child louder than other kids?	Yes	No
46.	Are most of your child's friends younger than he/she is?	Yes	No
47.	To your knowledge has your child ever intentionally damaged someone else's property?	Yes	No
48.	Does your child like talking with you and being with you?	Yes	No
49.	Has your child ever spent the night away from home when you didn't know where he/she was?	Yes	No
50.	Is your child suspicious of other people?	Yes	No
51.	Has your child cut school at least 5 days in the past year?	Yes	No
52.	Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?	Yes	No
53.	Does your child seem sad most of the time?	Yes	No
54.	Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?	Yes	No
55.	Do your child's family or friends ever tell him/her that he/she should cut down on his/her drinking or drug use?	Yes	No
56.	Does your child have serious arguments with friends or family members because of his/her drinking or drug use?	Yes	No

58.	Does your child have trouble sleeping?	Yes	No
59.	Does your child's alcohol or drug use ever make him/her do something he/she would not normally do-like breaking rules, missing curfew or breaking the law?	Yes	No
60.	Do you think your child loses control and gets into fights?	Yes	No
61.	To your knowledge has your child skipped school during the past month?	Yes	No
62.	Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?	Yes	No.
63.	Does your child have a hard time following directions?	Yes	No
64.	Does your child have friends who have hit or threatened to hit someone?	Yes	No
65.	Do you ever think your child can't control his/her alcohol or drug use?	Yes	No
66.	Do you have a pretty good idea of your child's interests?	Yes	No
67.	Do you and your spouse usually agree about how to handle your child?	Yes	No
68.	Do your child's friends cut school a lot?	Yes	No
69.	Does your child worry a lot?	Yes	No
70.	Does your child often feel like he/she wants to cry?	Yes	No
71.	Is your child afraid to be around people?	Yes	No
72.	To your knowledge does your child have friends who have stolen things?	Yes	No
73.	Is your child restless and can't sit still?	Yes	No
74.	Does your child scream a lot?	Yes	No
75.	Are most of your child's friends older than your child?	Yes	No

POSIT -for- PARENTS (POSIP) 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					
17.	Yes	No		47.	Yes	No					
18.	Yes	No		48.	Yes	No					
19.	Yes	No		49.	Yes	No					
20.	Yes	No		50.	Yes	No					
21.	Yes	No		51.	Yes	No					
22.	Yes	No		52.	Yes	No					
23.	Yes	No		53.	Yes	No					
24.	Yes	No		54.	Yes	No					
25.	Yes	No		55.	Yes	No					
26.	Yes	No		56.	Yes	No					
27.	Yes	No		57.	Yes	No					
28.	Yes	No		58.	Yes	No					
29.	Yes	No		59.	Yes	No					
30.	Yes	No		60.	Yes	No					

POSIT -for- PARENTS (POSIP) QUESTIONNAIRE SCORING TEMPLATE

NAME:

DATE:

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

1 ---Y---C	31---N---D	61---Y---J
2 ---Y---J	32---Y---J	62---Y---A
3 ---Y--- A	33---Y---C	63---Y---C
4---Y---E	34---Y---J	64---Y---E
5---Y ---D	35---Y---A	65---Y---A
6---Y---C	36---N---D	66---N---D
7 ---Y---C	37---Y---C	67---N---D
8 ---Y---C	38---Y---A	68---Y---E
9 ---Y---J	39---Y---C	69---Y---C
10---Y---C, E	40---Y---C	70---Y---C
11---Y---J	41---Y---D	71---Y---C
12 ---N---D	42---Y---A	72---Y---E
13 ---Y---J	43---Y---A	73---Y---C
14 ---Y---E	44---Y---A	74---Y---J
15---Y---C	45---Y---J	75---Y---E
16---Y--- A	46---Y---E	
17---Y---E	47---Y---J	
18---N---D	48---N---D	
19 ---Y---A	49---Y---J	
20 --- N--- D	50---Y---J	
21 ---Y---C	51---Y---C	
22---Y---J	52---Y---A	
23---Y--- C	53---Y---C	
24---Y---A	54---Y---A	
25---Y---C	55---Y---A	
26 --- Y--- E	56---Y---A	
27 --- Y--- J	57---Y---J	
28 --- Y --- J	58---Y---C	
29 ---N--- D	59---Y---A	
30---Y--- A	60---Y---C	

RR* = Risk Response

POSIT and POSIT -for- PARENTS PROBLEM AREAS:

A - Substance Use/Abuse (17 Item) C- Mental Health (22 items) E - Peer Relations (10 Items)

D - Family Relations (11 Item) J - Aggressive Behavior / Delinquency (16 items)