Please print

For office use only	Rating	Days in
ID #	Period #	Interval:

Brief Problem Monitor-Youth Form (BPM-Y) for Ages 11-18

YOUR FULL NAME First Middle Last	YOUR GENDER ☐ Boy ☐ Girl	YOUR AGE	YOUR BIRTHDATE Mo. ____ Day ____ Year ____

COMPLETE THIS FORM BY:
Mo. ____ Day ____ Year ____
TODAY'S DATE
Mo. ____ Day ____ Year ____

Below is a list of items that describe kids. Please rate each item that describes you ***now or within the past _____ days.*** Please circle the ***2*** if the item is ***very true*** of you. Circle the ***1*** if the item is ***somewhat true*** of you. If the item is ***not true*** of you, circle the ***0***. ***Please answer all items as well as you can.***

0 = Not True **1 = Somewhat True** **2 = Very True**

				Comments
0	1	2	1. I act too young for my age	
0	1	2	2. I argue a lot	
0	1	2	3. I fail to finish things I start	
0	1	2	4. I have trouble concentrating or paying attention	
0	1	2	5. I have trouble sitting still	
0	1	2	6. I destroy things belonging to others	
0	1	2	7. I disobey my parents	
0	1	2	8. I disobey at school	
0	1	2	9. I feel worthless or inferior	
0	1	2	10. I act without stopping to think	
0	1	2	11. I am too fearful or anxious	
0	1	2	12. I feel too guilty	
0	1	2	13. I am self-conscious or easily embarrassed	
0	1	2	14. I am inattentive or easily distracted	
0	1	2	15. I am stubborn	
0	1	2	16. I have a hot temper	
0	1	2	17. I threaten to hurt people	
0	1	2	18. I am unhappy, sad, or depressed	
0	1	2	19. I worry a lot	

Additional items

0	1	2	_____	
0	1	2	_____	
0	1	2	_____	

SAMPLE

Please be sure you answered all items.

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ASEBA, University of Vermont
1 South Prospect St., Burlington, VT 05401-3456

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