



401 Smyth Rd, Ottawa, Ontario, K1H 8L1, 613-737-7600

# YPS

(Youth's Perception Survey) – Age 12 and over

Patient ID#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

(City) \_\_\_\_\_ (Postal code) \_\_\_\_\_  
School (name): \_\_\_\_\_ School Grade: \_\_\_\_\_

Name and relationship of any people that came with you to CHEO today:

Who is currently living with you in your home? (i.e.; mother, father, brother, sister...)

Who recommended that you come to the CHEO emergency department?

- Parent
- Family Doctor
- Another hospital: \_\_\_\_\_
- You
- CAS
- School (name): \_\_\_\_\_
- Police
- Other: \_\_\_\_\_

**Today:** What do you think is the main reason that you came or were brought to the CHEO Emergency department? (Choose 1 only)

- Thoughts about killing myself
- Tried to kill myself
- Hurt myself on purpose (physically)
- Depression / low mood / mood swings
- Anxiety / worried feelings / scared feelings
- Angry / bad temper
- Violent behaviour
- Not respecting rules
- Problems with drugs and / or alcohol:  
Specify: \_\_\_\_\_
- Hearing or seeing things that are not really there
- School problems
- Family conflicts
- Family / friends / teachers thought I should come to CHEO
- Other (please describe briefly): \_\_\_\_\_

**Do you have any other concerns?**  
(Choose a maximum of 3)

- No other concerns
- Thoughts about killing myself
- Tried to kill myself
- Hurt myself on purpose (physically)
- Depression / low mood / mood swings
- Anxiety / worried feelings / scared feelings
- Angry / bad temper
- Violent behaviour
- Not respecting rules
- Problems with drugs and / or alcohol:  
Specify: \_\_\_\_\_
- Hearing or seeing things that are not really there
- School problems
- Family conflicts
- Family / friends / teachers thought I should come to CHEO
- Other (please describe briefly): \_\_\_\_\_

What do you think are the most significant or most important stresses in your life that are contributing to this situation? (Choose a maximum of 3)

- School problems (grades, learning difficulties, problems with teachers, etc.)
- Problems with friends / peers (no friends, not getting along with friends, dating issues, bullying, etc.)
- Problems with parents (fighting with parents, lack of communication, lack of involvement, etc.)
- Parents' marriage problems (divorce, separation, fighting, etc.)
- Problems with brothers and sisters (e.g. not getting along, jealousy, etc.)
- Problems with step family members
- Money problems in family
- Personal money problems
- Traumatic / stressful event in family (death, accident, etc.)
- CAS involvement
- Moving
- Illness in family (physical or mental)
- Other (please describe briefly): \_\_\_\_\_

What are your strengths (e.g. what are the things that you like about yourself, what are the things that you are good at)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you expect in coming to the CHEO Emergency department?

\_\_\_\_\_  
\_\_\_\_\_