

## Youth Internalizing Problems Screener (YIPS)

Student First Name:	
Student Last Name:	
Date:	_____ / _____ / _____ (yyyy) (mm) (dd)
Age:	_____ years _____ months
Sex:	Male      Female      Other (please describe) _____
Race/Ethnicity:	Aboriginal Arab/West Asian Black Chinese Filipino Japanese Korean Latin-American South Asian Southeast Asian White (Caucasian) Other _____

Here are some questions about what you think, feel or do. Read each sentence and add the answer that describes you best, where:

1 = Almost Never; 2 = Sometimes; 3 = Often; 4 = Almost Always

	Youth Internalizing Problems Screener (YIPS)	Answer
1.	I feel nervous and/or afraid.	
2.	I feel tired and lack energy.	
3.	I have trouble relaxing.	
4.	I am easily bothered by things that did not bother me before.	
5.	I get uncomfortable and tense feelings in my body.	
6.	I feel moody or grumpy.	
7.	I feel like I'm going to panic and lose control.	
8.	I do not feel like doing anything anymore.	
9.	I feel worthless and lonely when I'm around other people.	
10.	I have headaches, stomach pains and/or other body pains.	

## References

- Adapted from: Substance Abuse and Mental Health Services Administration. (2015). *School Mental Health Referral Pathways (SMHRP) Toolkit*. Retrieved on May 28, 2021 from [https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit\\_11%2019%2015%20FINAL.PDF](https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF).

Gabriella Lancia, PhD