

# POSIT Scoring Sheet: Part I

This is Part I of scoring the POSIT items in the KDC-AIA. The specific Items in the KDC-AIA are found in the Page and Question number in the **REF** column.

For each **Yes** answer that matches the shown YES, place a **1** in the **Question Score** Column. For each **No** answer that matches a shown **No**, place a **1** in the **Question Score** Column. If the client answered a question that does not match the corresponding answer shown on the scoring sheet, leave the **Question Score** column blank.

Once all questions have been answered complete Part II of the POSIT Scoring sheet.

|  | REF       | QUESTION   | YES | NO | QUESTION SCORE | SUB-SCALE |
|--|-----------|--|-----|----|----------------|-----------|
|  | Pg 10, 6c | Have you cut school for a whole day?   | YES |    |                | J         |
|  | Pg 15, 2a | Do you get into trouble because you use drugs or alcohol at school?                                | YES |    |                | A         |
|  | Pg 15, 2b | Have you accidentally hurt yourself or someone else while high on alcohol or drugs?                | YES |    |                | A         |
|  | Pg 15, 2c | Do you miss out on activities because you spend too much money on drugs or alcohol?                | YES |    |                | A         |
|  | Pg 15, 2d | Do you ever feel you are addicted to alcohol or drugs?   | YES |    |                | A         |
|  | Pg 15, 2e | Have you started using more and more drugs or alcohol to get the effect you want?                  | YES |    |                | A         |
|  | Pg 15, 2f | Do you ever leave a party because there is no alcohol or drugs?                                    | YES |    |                | A         |
|  | Pg 15, 2g | Do you have a constant desire for alcohol or drugs?  | YES |    |                | A         |
|  | Pg 15, 2h | During the past month have you driven a car while you were drunk or high?                          | YES |    |                | A         |
|  | Pg 15, 2i | Have you had a car accident while high on drugs or alcohol?  | YES |    |                | A         |
|  | Pg 15, 2j | Do you forget things you did while drinking or using drugs?  | YES |    |                | A         |
|  | Pg 15, 2k | Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?  | YES |    |                | A         |
|  | Pg 15, 2l | Do your family or friends ever tell you that you should cut down on your drinking or drug use?     | YES |    |                | A         |
|  | Pg 19,2m  | Do you have serious arguments with friends or family members because of your drinking or drug use? | YES |    |                | A         |

|  | REF       | QUESTION  | YES | NO | QUESTION SCORE | SUB-SCALE |
|--|-----------|---|-----|----|----------------|-----------|
|  | Pg 15, 2n | Does your alcohol or drug use ever make you do something you would not normally do, like breaking rules, missing curfew, breaking the law or having sex with someone? | YES |    |                | A         |
|  | Pg 15, 2o | Do you miss school or arrive late for school because of your alcohol or drug use?   | YES |    |                | A         |
|  | Pg 15, 2p | Do you have trouble getting along with any of your friends because of your alcohol or drug use?   | YES |    |                | A         |
|  | Pg 15, 2q | Do you ever feel you can't control your drug use?   | YES |    |                | A         |
|  | Pg 20, 9a | Do your parents or guardians argue a lot?   | YES |    |                | D         |
|  | Pg 20, 9b | Do your parents or guardian refuse to talk with you when they are mad at you?   | YES |    |                | D         |
|  | Pg 20, 9c | Do your parents or guardians usually know where you are and what you are doing?   |     | NO |                | D         |
|  | Pg 20, 9d | Do your parents or guardians and you do lots of things together?  |     | NO |                | D         |
|  | Pg 20, 9e | Do your parents or guardians pay attention when you talk to them?   |     | NO |                | D         |
|  | Pg 20, 9f | Do your parents or guardian have rules about what you can and cannot do?  |     | NO |                | D         |
|  | Pg 20, 9g | Do your parents or guardians know what you really think or feel?  |     | NO |                | D         |
|  | Pg 20, 9h | Do you and your parents or guardians have frequent arguments which involve yelling and screaming?   | YES |    |                | D         |
|  | Pg 20, 9i | Do your parents or guardians like talking with you and being with you?  |     | NO |                | D         |
|  | Pg 20, 9j | Do your parents or guardians have a pretty good idea of your interests?   |     | NO |                | D         |
|  | Pg 20, 9k | Do your parents or guardians usually agree about how to handle you?   |     | NO |                | D         |
|  | Pg 22, 3a | Is it hard for you to ask for help from others?   | YES |    |                | H         |
|  | Pg 22, 3b | Are most of your friends older than you are?  | YES |    |                | E,H       |
|  | Pg 22, 3c | Do your friends get bored at parties when there is no alcohol served?   | YES |    |                | E         |
|  | Pg 22, 3d | Do you feel alone most of the time?   | YES |    |                | C         |
|  | Pg 22, 3e | Do you have friends who damage or destroy things on purpose?  | YES |    |                | E         |
|  | Pg 22, 3f | Do your friends bring drugs to parties?   | YES |    |                | E         |
|  | Pg 22, 3g | Do you usually think about how your actions will affect others?   |     | NO |                | H         |
|  | Pg 22, 3h | Do people your own age like and respect you?  |     | NO |                | H         |
|  | Pg 22, 3i | Are most of your friends younger than you are?  | YES |    |                | E         |

|     | REF       | QUESTION   | YES | NO | QUESTION SCORE | SUB-SCALE |
|-----|-----------|--|-----|----|----------------|-----------|
|     | Pg 22, 3j | Do you have friends who have hit or threatened to hit someone without any real reason?     | YES |    |                | E         |
|     | Pg 22, 3k | Do your friends cut school a lot?  | YES |    |                | E         |
|     | Pg 22, 3l | Do you have friends who have stolen things?  | YES |    |                | E         |
|     | Pg 24,3m  | Are you usually pleased with how well you do in activities with your friends?              |     | NO |                | H         |
|     | Pg 22, 3n | Do your parents or guardians approve of your friends?                                      |     | NO |                | E         |
|     | Pg 22, 3o | Do you rush into things without thinking about what could happen?                          | YES |    |                | H,C       |
|     | Pg 22, 3p | Do you enjoy doing things with people your own age?  |     | NO |                | H,C       |
|     | Pg 22, 3q | Are you good at talking your way out of trouble?   |     | NO |                | H         |
|     | Pg 22, 3r | Are you able to make friends easily in a new group?  |     | NO |                | H         |
|     | Pg 22, 3s | Do you think it's a bad idea to trust other people?  | YES |    |                | H         |
|     | Pg 22, 3t | Do you often act on the spur of the moment?  | YES |    |                | H         |
|     | Pg 26, 9a | Do you get frustrated easily?  | YES |    |                | C         |
|     | Pg 26, 9b | Do you threaten to hurt people?  | YES |    |                | J         |
| 52. | Pg 26, 9c | Are you restless and can't sit still?  | YES |    |                | C         |
|     | Pg 26, 9d | Do you feel nervous most of the time?  | YES |    |                | C         |
|     | Pg 26, 9e | Have you ever been told you are hyperactive?   | YES |    |                | C         |
|     | Pg 26, 9f | Have you stolen things?  | YES |    |                | J         |
|     | Pg 26, 9g | Do you feel people are against you?  | YES |    |                | C         |
|     | Pg 26, 9h | Do you get into fights a lot?  | YES |    |                | J         |
|     | Pg 26, 9i | Do you have a hot temper?  | YES |    |                | J         |
|     | Pg 26, 9j | Are you stubborn?  | YES |    |                | J         |
|     | Pg 26, 9k | Do you have trouble getting you mind off things?   | YES |    |                | C         |
|     | Pg 26, 9l | Have you ever threatened anyone with a weapon?   | YES |    |                | J         |
|     | Pg 26,9m  | Do you have trouble concentrating?   | YES |    |                | C         |
|     | Pg 26, 9n | Have you ever intentionally damaged someone else's property?                               | YES |    |                | J         |
|     | Pg 26, 9o | Have you ever spent the night away from home when your parents didn't know where you were? | YES |    |                | J         |
|     | Pg 26, 9p | Are you suspicious of other people?  | YES |    |                | J         |
|     | Pg 26, 9q | Do you feel sad most of the time?  | YES |    |                | C         |
|     | Pg 26, 9r | Do you have trouble sleeping?  | YES |    |                | C         |
| 68. | Pg 26, 9s | Do you feel you lose control and get into fights?  | YES |    |                | C         |
| 69. | Pg 26, 9t | Do you have a hard time following directions?  | YES |    |                | C         |
| 70. | Pg 26, 9u | Do you worry a lot?  | YES |    |                | C         |

# POSIT Scoring Sheet: Part II

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After determining the points for each question in Part I of the POSIT Scoring, follow the steps below to determine scale subscales scores and complete Part II of the scoring process.

1. Total all the questions with an A in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
2. Total all the questions with a C in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
3. Total all the questions with a D in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
4. Total all the questions with an E in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
5. Total all the questions with a H in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
6. Total all the questions with a J in the Subscale column from the POSIT Scoring Sheet Part I and write that number in the corresponding POSIT Score Total column below.
7. Higher score of each subscales means higher severity for each of the subscale areas (i.e., Substance use/abuse, mental health, family relations, peer relations, social relations, and aggressive behavior).

| <b>POSIT SUBSCALE TOTALS:</b>       | <b>SCORE TOTAL</b> |
|-------------------------------------|--------------------|
| <b>A-SUBSTANCE USE/ABUSE (0-17)</b> |                    |
| <b>C-MENTAL HEALTH (0-15)</b>       |                    |
| <b>D-FAMILY RELATIONS (0-11)</b>    |                    |
| <b>E-PEER RELATIONS (0-10)</b>      |                    |
| <b>H-SOCIAL RELATIONS (0-11)</b>    |                    |
| <b>J-AGGRESSIVE BEHAVIOR (0-10)</b> |                    |

# POSIP Scoring Sheet: Part I

This is Part I of scoring the POSIP items in the KDC-AIA. For each **Yes** answer that matches the shown YES, place a **1** in the **Question Score** Column. For each **No** answer that matches a shown **No**, place a **1** in the **Question Score** Column. If the client's parents answered a question that does not match the corresponding answer shown on the scoring sheet, leave the **Question Score** column blank.

Once all questions have been answered complete Part II of the POSIP Scoring sheet.

| QUESTION  | YES | NO | QUESTION SCORE | SUBSCALE |
|---|-----|----|----------------|----------|
| 1.Does your child have so much energy that he/she doesn't know what to do with it?                            | YES |    |                | C        |
| 2.Does your child brag?   | YES |    |                | J        |
| 3.Does your child get into trouble because he/she uses drugs or alcohol at school?                            | YES |    |                | A        |
| 4.Would your child's friends get bored at parties when there is no alcohol served?                            | YES |    |                | E        |
| 5.Do you and your spouse argue a lot?   | YES |    |                | D        |
| 6.Does your child seem tired often?   | YES |    |                | C        |
| 7.Does your child seem to be easily frightened?   | YES |    |                | C        |
| 8.Does your child seem to get frustrated easily?  | YES |    |                | C        |
| 9.Has your child ever threatened to hurt people?  | YES |    |                | J        |
| 10.Would you describe your child as a loner?  | YES |    |                | C, E     |
| 11.Does your child swear or use dirty language?   | YES |    |                | J        |
| 12.Do you approve of your child's friends?  |     | NO |                | E        |
| 13.Do you think your child has lied to anyone in the past week?   | YES |    |                | J        |
| 14.Do you refuse to talk with your child when you are mad at him/her?   | YES |    |                | D        |
| 15.Does your child rush into things without thinking about what could happen?                                 | YES |    |                | C        |
| 16.Has your child accidentally hurt himself/herself or someone else while high on alcohol or drugs?           | YES |    |                | A        |
| 17.To your knowledge does your child have friends who damage or destroy things on purpose?                    | YES |    |                | E        |
| 18.Do you usually know where your child is and what he/she is doing?  |     | NO |                | D        |
| 19.Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol? | YES |    |                | A        |
| 20.Do you and your child do lots of things together?  |     | NO |                | D        |
| 21.Does your child appear to be nervous most of the time?   | YES |    |                | C        |
| 22.To your knowledge has your child ever stolen things?   | YES |    |                | J        |
| 23.Have you ever been told that your child is hyperactive?  | YES |    |                | C        |

| QUESTION   | YES | NO | QUESTION SCORE | SUBSCALE |
|--|-----|----|----------------|----------|
| 24.Do you ever feel that your child is addicted to alcohol or drugs?                           | YES |    |                | A        |
| 25.Does your child act as if others are against him/her?                                       | YES |    |                | C        |
| 26.Do you think your child's friends bring alcohol or other drugs to parties?                  | YES |    |                | E        |
| 27.Does your child get into fights a lot?  | YES |    |                | J        |
| 28.Does your child have a hot temper?  | YES |    |                | J        |
| 29.Do you pay attention when your child talks with you?  |     | NO |                | D        |
| 30.Does your child seem to need more and more drugs or alcohol to get the effect he/she wants? | YES |    |                | A        |
| 31.Do you have rules about what your child can and cannot do?                                  |     | NO |                | D        |
| 32.Is your child stubborn?   | YES |    |                | J        |
| 33.Does your child have trouble getting his/her mind off things?                               | YES |    |                | C        |
| 34.To your knowledge has your child ever threatened anyone with a weapon?                      | YES |    |                | J        |
| 35.Would your child ever leave a party because there is no alcohol or drugs?                   | YES |    |                | A        |
| 36.Do you know how your child really thinks or feels?  |     | NO |                | D        |
| 37.Does your child often act on the spur of the moment?  | YES |    |                | C        |
| 38.Do you think your child has a constant desire for alcohol or drugs?                         | YES |    |                | A        |
| 39.Does your child hear things no one else around him/her hears?                               | YES |    |                | C        |
| 40.Does your child have trouble concentrating?   | YES |    |                | C        |
| 41.Do you and your child have frequent arguments which involve yelling and screaming?          | YES |    |                | D        |
| 42.Has your child had a car accident while on alcohol or drugs?                                | YES |    |                | A        |
| 43.Does your child seem to forget things he/she did while drinking or using drugs?             | YES |    |                | A        |
| 44.To your knowledge has your child driven a car while drunk or high during the past month?    | YES |    |                | A        |
| 45.Is your child louder than other kids?   | YES |    |                | J        |
| 46.Are most of your child's friends younger than he/she is?                                    | YES |    |                | E        |
| 47.To your knowledge has your child ever intentionally damaged someone else's property?        | YES |    |                | J        |
| 48.Does your child like talking and being with you?  |     | NO |                | D        |
| 49.Has your child ever spent the night away from home when you didn't know where he/she was?   | YES |    |                | J        |
| 50.Is your child suspicious of other people?   | YES |    |                | J        |
| 51.Has your child cut school at least 5 days in the past year?                                 | YES |    |                | C        |

| QUESTION  | YES | NO | QUESTION SCORE | SUBSCALE |
|---|-----|----|----------------|----------|
| 52. Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?  | YES |    |                | A        |
| 53. Does your child seem sad most of the time?  | YES |    |                | C        |
| 54. Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?  | YES |    |                | A        |
| 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 |    |                | A        |
| 56. Does your child have serious arguments with friends or family members because of his/her drinking or drug use?  | YES |    |                | A        |
| 57. Does your child tease others a lot?   | YES |    |                | J        |
| 58. Does your child have trouble sleeping?  | YES |    |                | C        |
| 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, breaking the law or having sex with someone? | YES |    |                | A        |
| 60. Do you think your child loses control and gets into fights?   | YES |    |                | C        |
| 61. To your knowledge has your child skipped school during the past month?  | YES |    |                | J        |
| 62. Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?  | YES |    |                | A        |
| 63. Does your child have a hard time following directions?  | YES |    |                | C        |
| 64. Does your child have friends who have hit or threatened to hit someone?   | YES |    |                | E        |
| 65. Do you ever think you child can't control his/her alcohol or drug use?  | YES |    |                | A        |
| 66. Do you have a pretty good idea of your child's interests?   |     | NO |                | D        |
| 67. Do you and your spouse usually agree about how to handle your child?  |     | NO |                | D        |
| 68. Do your child's friends cut school a lot?   | YES |    |                | E        |
| 69. Does your child worry a lot?  | YES |    |                | C        |
| 70. Does your child often feel like he/she wants to cry?  | YES |    |                | C        |
| 71. Is your child afraid to be around people?   | YES |    |                | C        |
| 72. To your knowledge does your child have friends who have stolen things?  | YES |    |                | E        |
| 73. Is your child restless and can't sit still?   | YES |    |                | C        |
| 74. Does your child scream a lot?   | YES |    |                | J        |
| 75. Are most of your child's friends older than your child?   | YES |    |                | E        |

# POSIP Scoring Sheet: Part II

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After determining the points for each question in Part I of the POSIP Scoring, follow the steps below to determine scale subscales scores and complete Part II of the scoring process. Please refer to example in the manual if you are having trouble with the scale scoring.

1. Total all the questions with an A in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
2. Total all the questions with a C in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
3. Total all the questions with a D in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
4. Total all the questions with an E in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
5. Total all the questions with a J in the Subscale column from the POSIP Scoring Sheet Part I and write that number in the corresponding POSIP Score Total column below.
6. Higher score of each subscales means higher severity for each of the subscale areas (i.e., Substance use/abuse, mental health, family relations, peer relations, and aggressive behavior).

| <b>POSIP SUBSCALE TOTALS:</b>        | <b>SCORE TOTAL</b> |
|--------------------------------------|--------------------|
| <b>A-SUBSTANCE USE/ABUSE (0-17):</b> |                    |
| <b>C-MENTAL HEALTH (0-22):</b>       |                    |
| <b>D-FAMILY RELATIONS (0-11):</b>    |                    |
| <b>E-PEER RELATIONS (0-10):</b>      |                    |
| <b>J-AGGRESSIVE BEHAVIOR (0-16):</b> |                    |