**DOMAIN**: Problem Behavior

**OUTCOME**: Truancy

**MEASURE**: Recent and Lifetime Truancy Scale

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| --- | --- |
| How often **in the last 3 months of school** have you... |  |
|  | *I have NEVER done this in my whole life* | *I have done this but not in the last 3 months of school* | *I did this 1-2 times in the last 3 months of school* | *I did this 3 or more times in the last 3 months of school* |
| 1. Skipped a class without being allowed?
 | □0 | □1 | □2 | □3 |
| 2. Skipped a full day of school without your parent or guardian knowing? | □0 | □1 | □2 | □3 |