

Adolescent Questionnaire

Before you come in for your first counseling appointment, we would like you to fill out this form. We know it will take you some time to answer the questions and we appreciate your willingness to do it. Please be as honest and complete as possible in your answers. We think this information is important.

I. PERSONAL INFORMATION

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

What grade are you in? _____ School _____

Job (if you have one) _____

Home Phone _____ Work Phone _____

II. FAMILY HISTORY

A. Please list the names and ages of your parents. Include step-parents, also. If any have died, please record the year of death and the person's age at the time of death.

B. Please list the names and ages of your brothers and sisters. Include step-brothers and step-sisters. Put an * beside the names of those who are living in the same house with you.

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C. Describe what your family is like by considering the following questions: Do family members get along well or is there a lot of fighting and arguing? How do family members communicate? How do you feel you are treated by your family?

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I. PERSONAL INFORMATION

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

School _____ What grade are you in? _____

D. What are the good things about your family?

Job (if you have one) _____

Home Phone _____ Work Phone _____

II. FAMILY HISTORY

A. Please list the names and ages of your parents. Include step-parents, also. If any have died, please record the year of death and the person's age at the time of death.

E. If you could change anything about your family what would you wish for?

F. Have you ever run away? _____ If yes, how many times? _____ Why did you run?

B. Please list the names and ages of your brothers and sisters. Include step-brothers and step-sisters. Put an * beside the names of those who are living in the same house with you.

G. Have there been times when things in your family have been especially stressful? What was going on?

In the following three questions, the term "family" refers to extended family including grandparents, parents, step-parents, brothers, sisters, aunts, uncles and cousins.

H. Do you or anyone in your family have a history of depression or other mental illness? Were any ever hospitalized for this?

I. Have you or any member of your family ever attempted suicide? If so, who and when?

J. Have you or any member of your family ever had a problem of misusing alcohol or drugs? Who and for how long? Is there a current problem?

III. SCHOOL HISTORY

A. How would you describe yourself as a student? (e.g. What kind of grades do you get? Do you usually get along with your teachers? Do you usually get along with your other classmates.?)

B. Have you ever been suspended from school? _____ If yes, when? _____
Reason: _____

C. Have you ever dropped out of school? _____ If yes, when? _____
Reason: _____

D. Are you involved in any extra-curricular activities? If so, please list them.

IV. LEGAL HISTORY

A. Have you ever been in any legal trouble? _____ If yes, when? _____
What kind of legal problems?

Are you currently on probation?

V. COUNSELING CONCERNS

A. We recognize that it might not be your choice to come to counseling. What led you, your parents, or someone else to believe you might need counseling?

B. What problems or concerns would you want to work on in counseling?

C. Have you had any type of counseling before? (This could be with a counselor, psychologist, psychiatrist, physician, minister, etc.) Please list the names and the year during which you worked with each person.

VI. CURRENT PROBLEMS

Below is a list of problems and complaints that people sometimes have. Please check any problem that has bothered you in the past month.

- 1. Strong feelings of anger.
- 2. Unable to control your temper.
- 3. Problems with friendships.
- 4. Feeling down or blue.
- 5. Thoughts of ending your life.
- 6. Trouble sleeping.
- 7. Disliking yourself.
- 8. Feeling anxious or tense.
- 9. Problems at school.
- 10. Poor appetite.
- 11. Feeling lonely.
- 12. Difficulty making decisions.
- 13. Problems with parents or other family members.
- 14. Feeling that people are unfriendly or dislike you.
- 15. Feeling hopeless about the future.
- 16. Nightmares.
- 17. Not feeling well physically.