Adolescent Questionnaire

NAME: _____DOB:_____

What brings you in today? _____

I. Education

1. Name of school_____ Grade level_____
2. Are you in gifted____ college prep____ technical____ other ____
3. Are your grades: above average____ average ____ less than average____ failing____
4. Have you ever been left back? Yes____ No____ If yes, what grade did you repeat? ____
5. How often do you get detentions? daily____ weekly____ monthly____ rarely____ never____
6. Describe how you feel towards school? _____

II. Social

7. Do you have a group of friends to hang out with? Yes____ No____
8. Do you have a best friend? Yes____ No____
9. In your group do you feel: very popular____ well liked____ like a tag-a-long____ other____
   Explain:_____
10. Most people in your group: drink Alcohol: Yes__ No__ do drugs: Yes__ No__ smoke cigarettes: Yes__ No__
11. What activities do you enjoy doing with your friends? _____
12. What activities do you enjoy when your alone? _____
13. Do your parents like____ or dislike____ your friends?

III. Family

14. With whom do you currently live? _____
15. My parents are: still married and live together__ separated__ divorced__ never married__ remarried__.
16. How many brothers or half brothers do you have?____ ages_____
17. How many sisters or half sisters do you have? ____ ages_____
18. Do you have step brothers and/ or sisters? Yes____ No____ ages _____
19. Briefly describe your relationship with your mother. _____
20. Briefly describe your relationship with your father. _____
21. Whose idea was counseling? your idea____ parents____ school____ court____
22. What do you think about counseling? _____

IV. History

23. What are your current stressors? _____
24. What are your past stressors? _____
25. Have you ever experienced a traumatic event? _____
26. Have you ever experienced an abusive event? _____
27. Have you have difficulty controlling your anger? _____
28. Do you have substance abuse issues? _____
29. Have you ever thought of hurting yourself? _____
30. Are you having thoughts of hurting yourself currently? _____
31. Have you had, or are you having now, thoughts of hurting someone else? _____

The following is a list of behaviors, thoughts or feelings that you feel describe your personality. Please check those that apply.

Positive Personality Trait

__confident	__sensitive	__creative	__organized	__playful	__helpful
__flexible	__respectful	__honest	__assertive	__adjusts well	__understanding
__loyal	__optimistic	__happy	__responsible	__compassionate	__insightful
__cooperative	__calm	__loving	__independent		

Negative PersonalityTraits

__ jealous	__ worries	__ angry	__ frightened
__ lazy	__ sensitive	__ low self esteem	__ lonely
__ bored	__ sad	__ tired	__ fighting
__ afraid to leave caretaker	__ strong willed	__ lying	__ stealing
__ cheating	__ hurting animals	__ setting fires	__ defies authority
__ picky eater	__ wets bed	__ vomits when upset__ sick often	
__ pulls own hair	__ bites nails	__ frequent constipation	__ headaches
__ stomach aches	__ crying spells	__ problems sleeping	__ easily distracted
__ problems concentrating	__ can't sit still	__ impulsive	__ does not follow instructions
__ refuses to go to school	__ trouble in school	__ legal problem	