

ADOLESCENT QUESTIONNAIRE

PLEASE NOTE: THIS FORM IS OPTIONAL! Any information you give me would help me know more about you (rather than just hear what your parents say about you). If you rather not, please feel free to answer only part or none of the questions.

FULL NAME: \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Gender: \_\_\_\_\_

Who's idea was it for you to come here today? *Please check all that apply*

Mine     Parent(s)     Teacher     Friend     Other: \_\_\_\_\_

How do you feel about being here today?

It's fine with me

I don't care either way

I'm against this, why? \_\_\_\_\_

What events or difficulties have caused you to come in for counseling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SCHOOL

Do you go to school?  Yes  No  Homeschool                      Grade \_\_\_\_\_

Name of School: \_\_\_\_\_

What activities (if any) are you involved in at school (sports, music, drama etc.)? \_\_\_\_\_

\_\_\_\_\_

What do you like the most about school? \_\_\_\_\_

\_\_\_\_\_

What do you NOT like about school? \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES/INTERESTS

What do you do for fun? \_\_\_\_\_

\_\_\_\_\_

What activity would you like to do that you haven't done yet in your life? Why? \_\_\_\_\_

\_\_\_\_\_

FRIENDSHIPS/RELATIONSHIPS

How much time do you spend with others your age?  a lot  some time  not much

Are you satisfied with the amount of time you spend with others your age?  Yes  No

Are you satisfied with the quality of your friendships?  Yes  No

Do you have a best friend?  Yes  No; How long have you known him/her? \_\_\_\_\_

What do you like best about him/her? \_\_\_\_\_

Do you have someone you can talk to about personal issues in your life?  Yes  No

Who? \_\_\_\_\_

Do you have a boyfriend/girlfriend? \_\_\_ Yes \_\_\_ No

If yes, how long have you been dating? \_\_\_\_\_

If no, do you wish you had one? \_\_\_ Yes \_\_\_ No

Do people at school tend to label your group of friends (e.g. skaters, metalheads, preps etc.)?

\_\_\_ Yes \_\_\_ No; If yes, what label are you usually given? \_\_\_\_\_

How do you generally think about grownups? *Please check all that apply*

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| ___ Helpful                        | ___ Don't understand me             |
| ___ Friendly                       | ___ Caring                          |
| ___ Make a lot of rules            | ___ Jerks                           |
| ___ Smart or wise most of the time | ___ Stupid or dumb most of the time |
| ___ Can be trusted and counted on  | ___ Can't be trusted, let me down   |
| ___ Usually mean                   | ___ Usually nice                    |

### **HEALTH**

How would you rate your overall health? \_\_\_ good \_\_\_ fair \_\_\_ poor

Do you have any ALLERGIES (e.g. medications, food, animals)? *Please list* \_\_\_\_\_

*Check all that apply to you:*

- \_\_\_ I have headaches once a week or more
- \_\_\_ I have gained 10 pounds or more within the past two months
- \_\_\_ I have lost 10 pounds or more within the last 2 months
- \_\_\_ I hurt a lot
- \_\_\_ I have a hard time falling asleep
- \_\_\_ I wake up a lot during the night
- \_\_\_ I wake up very early and can't go back to sleep
- \_\_\_ I have bad dreams: \_\_\_ a lot \_\_\_ sometimes \_\_\_ the same ones over again
- \_\_\_ I feel tired much of the time
- \_\_\_ I have a hard time concentrating
- \_\_\_ I am forgetful
- \_\_\_ I have thoughts that trouble me sometimes
- \_\_\_ I think about dying
- \_\_\_ I think about hurting others

*Check all the feelings that you often have:*

- |                  |                     |             |               |               |                      |
|------------------|---------------------|-------------|---------------|---------------|----------------------|
| ___ Happy        | ___ Sad             | ___ Angry   | ___ Afraid    | ___ Worried   | ___ Irritable/Touchy |
| ___ Bored        | ___ Confused        | ___ Shy     | ___ Hyped Up  | ___ Guilty    | ___ Lonely           |
| ___ Disappointed | ___ Anxious/Nervous | ___ Excited | ___ Worthless | ___ Energetic |                      |

\_\_\_ Depressed      \_\_\_ Other: \_\_\_\_\_

**DRUGS AND ALCOHOL**

	Never	Tried	Rarely	monthly	weekly	daily
How often do you drink?	___	___	___	___	___	___
Smoke cigarettes?	___	___	___	___	___	___
Smoke marijuana?	___	___	___	___	___	___
Use crack/cocaine?	___	___	___	___	___	___
Use acid/LSD?	___	___	___	___	___	___
Tried other drugs? Please explain:	_____					

**FAMILY**

What do you like best about your family? \_\_\_\_\_

What do you like the least about your family? \_\_\_\_\_

Who do you get along with the best in your family? Why? \_\_\_\_\_

If you had the power, what would you change about your family? \_\_\_\_\_

**PAST HISTORY**

What is your earliest memory from childhood? \_\_\_\_\_

Who did you grow up with? \_\_\_\_\_

Were there any major changes in your life in the past 5 years (e.g. moving, parents divorced, deaths etc.)? \_\_\_\_\_

Have you experienced any emotional, physical or sexual abuse ever in your life? \_\_\_\_\_

Are you currently being abused in any way? If yes, please explain \_\_\_\_\_

Do you or have you inflicted self-harm on yourself? *If yes, please explain,* \_\_\_\_\_

Is there anything else that you want me to know about you? \_\_\_\_\_

**IT'S A PRIVILEGE TO MEET YOU!!**