**ADOLESCENT QUESTIONNAIRE**

**Ages 13-18**

**\*\*\*THIS FORM TO BE FILLED OUT BY ADOLESCENT**\*\*\*

This form will assist your therapist in knowing about you and will be kept confidential. Please complete all seven (7) pages.

**Print clearly.**

**CLIENT DEMOGRAPHICS**

Client **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth** date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Age:**\_\_\_\_\_\_\_ **Gender:** Female Male

**PRESENTING PROBLEM**

1. Describe the **problems** **you are having** and **when they began**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What** has **contributed** to this difficulty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL HISTORY**

1. **List** allergies, serious illnesses, surgeries, injuries, hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List both **prescription** and **over-the-counter medications** presently used for physical conditions:

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1. My over-all **general health** is: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor
2. What **physical illnesses** run in your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is the name of your **Doctor**/Pediatrician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL HISTORY**

1. What is the highest **grade you have completed**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any **problems in school**? YES NO If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever **repeated** or **skipped** a grade? YES NO Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever **dropped out, been expelled,** or **been suspended**? Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How has your **attendance** been? \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor
2. What are your **grades** like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have they changed a lot? YES NO
3. Do you have **learning difficulties** or attend **special classes**? YES NO
4. Have you ever had **psychological testing**? YES NO
5. What are your **extra-curricular activities**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OCCUPATION**

1. Where do you **work**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What** do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LEGAL HISTORY (in regards to child or any family member)**

1. Have you **ever been involved** with the legal system (criminal, divorce, custody, civil, etc.)? YES NO If so, in what way?

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1. Are you **currently involved** with the legal system (criminal, divorce, custody, civil, etc.)? YES NO If so, in what way?

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1. Do you have any criminal or civil **cases pending**? YES NO
2. Do you currently have **a probation/parole officer**? YES NO If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you anticipate any **involvement** with the legal system **in the future**? YES NO

**TREATMENT HISTORY**

1. Have you **been in counseling** before? YES NO If so, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the **primary issue**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What was the outcome?

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

1. Have you ever been **hospitalized for emotional problems** or for **alcohol/drug treatment**? YES NO

If so when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What was the outcome?

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1. What **medications** have you taken **in the past** for **emotional or mental problems**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What medications are you **currently taking** for emotional or mental problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is there a **history of mental illness** in your family? If so, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SOCIAL HISTORY**

1. What are your major **strengths**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What are your major **weaknesses**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. From whom do you get **emotional support**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have **friends**? YES NO
3. How do you **get along with** those friends? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has there been **a change** in your circle of friends lately? YES NO
2. Do your friends tend to **get into trouble**? YES NO
3. Do you **belong to a gang**? YES NO
4. Do any of your **friends belong to a gang**? YES NO
5. What have been the **losses, changes, crises, and transitions** in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have **a belief system** (cultural, moral, spiritual, religious, etc.) which influences your life? Please explain:

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1. Is there **anything about your lifestyle** (or the family’s) that would be **helpful for your counselor to know**?

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**FAMILY HISTORY**

1. ABOUT **YOUR HOUSEHOLD**

Name Age Relationship to You How do you get along?

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

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1. **Important people in your life** (immediate family/relatives/significant others)

Name Age Relationship to You How do you get along?

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1. Do you **live with your parents**? YES NO Have you **ever lived away** from your parents? YES NO

Under **what circumstances**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any brothers/sisters, step-brothers/sisters, or half-brothers/sisters who do **not live with you**? YES NO
2. Your experiences while growing up can affect your life. What **experiences and events** (discipline, favoritism, trauma, affection, lack of attention, etc.) have been **important in your life**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list your **present and past boyfriend(s)/girlfriend(s).**

First Name Time Together Reason for Ending Relationship

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

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**PHYSICAL DEVELOPMENT**

1. Please **complete/check** the following:

\_\_\_\_\_Height \_\_\_\_\_Underarm hair

\_\_\_\_\_Weight \_\_\_\_\_Menstruation \_\_\_\_\_Build (light, average, heavy) \_\_\_\_\_Voice change (male)

\_\_\_\_\_Breast development (female) \_\_\_\_\_Beard (male)

\_\_\_\_\_Genital hair \_\_\_\_\_Acne

**SEXUAL HISTORY**

1. **Sex Education:** \_\_\_\_\_Home; \_\_\_\_\_School; \_\_\_\_\_Friends
2. Are you **currently sexually active**? YES NO Single Partner \_\_\_\_\_\_\_\_ Multiple Partners \_\_\_\_\_\_\_\_

Same Sex Partner \_\_\_\_\_\_\_\_ Both Sex Partners \_\_\_\_\_\_\_\_

1. Do you **use Condoms**? YES NO Do you **use Birth Control**? YES NO
2. Have you ever **had a STD** (Sexually Transmitted Disease)? YES NO

If so what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been **sexually abused**? YES NO If yes, **by whom** and for what **length of time**?

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1. Has anyone ever **touched you or talked to you sexually** in a way that made you uncomfortable? YES NO

**CONCERNS**

For you or any of the above relationships (household, brothers/sisters, partners), have you or any of those persons **ever experienced any of the following problems**:

Concern Person(s) Who Experienced This

Mental Illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neglect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Dysfunction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Difficulty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**POSSIBLE ISSUES**

SUBSTANCE ABUSE Do you use **drugs**? Regularly? Occasionally? **How** does your **usage affect your life**?

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

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What **drugs have you taken**:

\_\_\_\_\_Depressants: Alcohol, Tranquilizers, Sleeping Pills, Inhalents

\_\_\_\_\_Stimulants: Cocaine, Crack, Crank, Speed, Diet Pills

\_\_\_\_\_Stimulants: Caffeine, Nicotine

\_\_\_\_\_Narcotics: Heroin, Codeine, Morphine

\_\_\_\_\_Hallucinogens: LSD/Acid, PCP, Peyote, Shrooms

\_\_\_\_\_Cannabis: Marijuana

\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you **first use**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did you **last use**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUICIDE/HOMICIDE

Have you **ever had** or **do you have**? Check all that apply. Past Now

Thoughts of hurting yourself? \_\_\_\_\_\_ \_\_\_\_\_\_

Thoughts of committing suicide? \_\_\_\_\_\_ \_\_\_\_\_\_

Plans to commit suicide? \_\_\_\_\_\_ \_\_\_\_\_\_

Attempts to commit suicide? \_\_\_\_\_\_ \_\_\_\_\_\_

Threats to commit suicide? \_\_\_\_\_\_ \_\_\_\_\_\_

Thoughts of harming someone? \_\_\_\_\_\_ \_\_\_\_\_\_

Plans to harm someone? \_\_\_\_\_\_ \_\_\_\_\_\_

Attempts to harm someone? \_\_\_\_\_\_ \_\_\_\_\_\_

Threats to harm someone? \_\_\_\_\_\_ \_\_\_\_\_\_

Actually harmed someone? \_\_\_\_\_\_ \_\_\_\_\_\_

DEPRESSION

Have **you ever** or **do you now have**? Check all that apply. Past Now

Inability to sleep or sleeping longer? \_\_\_\_\_\_ \_\_\_\_\_\_

Increased or decreased appetite? \_\_\_\_\_\_ \_\_\_\_\_\_

Tearfulness or feelings of despair? \_\_\_\_\_\_ \_\_\_\_\_\_

Lack of energy or feelings of fatigue? \_\_\_\_\_\_ \_\_\_\_\_\_

Preoccupation with life events? \_\_\_\_\_\_ \_\_\_\_\_\_

Decreased contact with others? \_\_\_\_\_\_ \_\_\_\_\_\_

Feelings of depression? \_\_\_\_\_\_ \_\_\_\_\_\_

Decreased interest in pleasurable activities \_\_\_\_\_\_ \_\_\_\_\_\_

Is there **anything else** that may be **helpful for your counselor to know** that we have not asked?

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Consent of Parent or Guardian to treat:

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Checklist of Characteristics

Please check all that apply.

|  |
| --- |
| Accident prone |
| Affectionate |
| Aggressive |
| Argues, “talks back,” smart-alecky, defiant |
| Assaults |
| Bathroom language |
| Bigoted |
| Bossy to others |
| Breaks rules |
| Breaks the law |
| Bullied by others |
| Bullies/ intimidates, teases, inflicts pain on others |
| Cheats |
| Clowns around |
| Competition |
| Complains |
| Complains of feeling sick |
| Compliant |
| Concern for others |
| Conflicts at school |
| Conflicts at home with parents over rule breaking, money, chores,choices |
| Conflicts with friends |
| Conflicts with police |
| Cries easily, feelings are easily hurt |
| Cruel to animals |
| Dares others |
| Dawdles, procrastinates, wastes time |
| Daydreams |
| Defiant |
| Dependent, immature |
| Destructive |
| Developmental delays |
| Difficulties with parent’s paramour/new marriage |
| Disobedient, uncooperative, refuses, noncompliant |
| Disrupts family activities |
| Distractible, inattentive, poor concentration, daydreams |
| Dropping out of school |
| Drug or alcohol use |
| Drug sales |
| Eating issues, poor manners, over/under eats, refuses |
| Exercise problems |
| Extracurricular activities interfere with academics |
| Failure in school |
| Fantasy life |
| Fearful |
| Feelings are easily hurt |
| Fidgety |
| Fighting, hitting, violent, aggressive, hostile, threatens |
| Finger sucking |
| Fire starting |
| Fire setting |
| Friendly, outgoing, social |
| Hair chewing, pulling |
| Head banging |
| Hitting |
| Hostile |
| Hyperactive |
| Hypochondriac, always complains of feeling sick |
| Imaginary playmates, fantasy |
| Immature, “clowns around,” has only younger playmates |
| Inappropriate sexual behaviors |
| Inattentive |
| Independent |
| Inflicts pain on others |
| Insults others |
| Interrupts, talks out, yells |
| Intimidated by others |
| Intimidates others |
| Intolerant |
| Irritability |
| Isolates |
| Lacks organization, unprepared |
| Lacks respect for authority, insults, dares, provokes |
| Learning disability |
| Legal difficulties, truancy, loitering, vandalism, drinking |
| Lethargic |
| Likes to be alone, withdraws, isolates |
| Loitering |
| Loss of friends |
| Low-frustration tolerance, irritability |
| Lying |
| Manipulates |
| Masturbation |
| Mental retardation |
| Moody |
| Mute – refuses to speak |
| Nail biting |
| Name calling |
| Needs high supervision at home over play/chores/schedule |
| Negativism |
| Nervous |
| New school |
| Nightmares |
| Noisy |
| Noncompliant |
| Obedient |
| Obesity |
| Only younger playmates |
| Oppositional, resists, refuses, does not comply, negativism |
| Outgoing |
| Out-of- seat behaviors |
| Overactive, restless, hyperactive, restlessness, fidgety |
| Picks on others |
| Poor concentration |
| Pouts |
| Prejudiced, bigoted, insulting, name calling, intolerant |
| Procrastinates |
| Provokes others |
| Rages |
| Recent move, new school, loss of friends |
| Refuses |
| Relationships with friends are poor |
| Relationships with siblings –competition, fights, teasing/provoking |
| Relationships with teachers poor |
| Resists |
| Responsible |
| Restless |
| Rocking motion/behavior |
| Repetitive movements |
| Runs away |
| Sad, unhappy |
| School avoiding |
| Self-harming behaviors—biting, hitting self, scratching |
| Sexual preoccupation, inappropriate sexual behaviors |
| Sexually active |
| Shy, timid |
| Slow moving |
| Slow responding |
| Smart-alecky |
| Smoking |
| Social |
| Speech difficulties |
| Stealing |
| Stubborn |
| Suicide talk or attempt |
| Swearing, blasphemes, bathroom language, fowl language |
| Talks back |
| Teased, picked on, victimized, bullied |
| Teases others |
| Temper-tantrums, rages |
| Threatens |
| Thumb sucking, finger-sucking |
| Tics – involuntary rapid movements, noises or word productions |
| Timid |
| Truancy, school avoiding |
| Uncooperative |
| Uncoordinated, accident-prone |
| Under-active, slow-moving |
| Unhappy |
| Unprepared |
| Vandalism |
| Violent |
| Wastes time |
| Wetting/soiling of bed or clothes |
| Withdraws |
|  |