ADOLESCENT QUESTIONNAIRE

Note: All information on this form is considered strictly confidential within the guidelines of the clinic.

Name: _____ Date: _____

Age: _____ Grade: _____ Date of Birth: _____

Check the problems that trouble you in your family:

___ Dad or Mom physically sick
___ Dad or Mom has emotional problems
___ Parent has trouble with alcohol or drug
___ Parents fighting
___ Parents Divorcing
___ Problems with Step Parent
___ Parents never home
___ Can't talk to Mom or Dad
___ Mom or Dad too strict
___ Mom or Dad expect too much
___ Parents disapprove of friends
___ Parents disapprove of activities, music
___ Ignored by parents
___ Brother/Sister has emotional problems
___ Sibling has problems with alcohol/drugs
___ Being physically abused at home
___ Being sexually abused at home
___ Don't want to live at home
___ Family Fighting
___ Don't have enough privacy
___ Too many household chores
___ Don't feel close to family
___ Parents disapprove of clothes, appearance
___ Parents favor brothers or sisters
___ Pet Dying
___ Other: please specify:

Issues:

___ Suicidal thoughts
___ Anxious, worried
___ Bored
___ Confused
___ Cutting/burning self
___ Difficulty being alone
___ Easily distracted
___ Fatigued
___ Guilt feelings, shame
___ Hyperactivity
___ Lonely
___ Suicidal attempts
___ Attitude issues
___ Brother/Sister problems
___ Count excessively
___ Depressed
___ Disorganized
___ Easily irritated
___ Focusing problems
___ Hearing voices, hallucinations
___ Impulsive
___ Memory/concentration problems

___ Mood swings
___ Obsessive thoughts
___ Panic attacks
___ Low self esteem
___ Sexual problems
___ Tearful
___ Repeatedly washing hands
___ Anger problems
___ Alcohol use
___ Frequently lying
___ Shy, uneasy with others
___ Unwanted behavior/habits
___ Sleep problems
___ Overeating
___ Motivation reduced/absent
___ Excessively organizing
___ Parent problems
___ Sexual identity concerns
___ Sexually active
___ Unusual thoughts
___ Very concerned about germs
___ Aggressiveness
___ Drug use
___ Perfectionist
___ Unassertive
___ Withdrawn
___ Purging (making yourself throw up)
___ Laxative use for dieting

I worry about:

___ Being popular
___ Being left out
___ Everything
___ My parents
___ My brother/sister
___ My friends
___ Being sick a lot
___ School issues
___ Money problems
___ Being bullied
___ Other: _____

I feel bad about:

___ People putting me down
___ Not having enough friends
___ Being excluded
___ My family
___ My grades
___ Myself
___ My appearance
___ The way I treat people
___ Not saying "NO"
___ I get angry a lot
___ I get in fights a lot
___ I try to please everyone
___ I think I'm right all the time
___ I have trouble living up to others' expectations
___ I try to get my own way a lot
___ I like to argue/compete with others.
___ Other people's opinion of me is very important
___ Other: _____

Social History:

How many close friends do you have at this time?

_____

Approximately how many contacts do you have with these friends? (Check one only, please)
[ ] Daily [ ] 3-5 times a week [ ] Weekly [ ] 2x per month [ ] Monthly

Recreation, hobbies, interests, strengths:

_____

_____

_____

Check the problems that trouble you:

____ Being uncomfortable with people
____ Being criticized by others
____ Being suspicious of others
____ Being taken advantage of by friends
____ Worrying about getting/being pregnant
____ Thinking about sex too often
____ Worried about same-sex attraction
____ Sexual abuse
____ Being uncomfortable with the opposite sex
____ Not fitting in with peers
____ Not having enough close friends
____ Feeling inferior
____ Not knowing enough about sex
____ Worrying about sex
____ Feeling used/being pressured to have sex
____ Physical abuse
____ Feeling pressured to do something against my will
____ Having problems with boyfriend/girlfriend
____ Being involved with pornography (movie, magazines or computer, etc.)
____ Other:_____

Educational Issues:

Trouble with: □ Grades □ Skipping □ Absences □ Teacher relationships

Learning Disabilities:

_____

Other problems with school:

_____

_____