To the Parent/Guardian:

Please use this page to write out anything that you would like your child's counselor to know about your child or the circumstances which have brought you here. (This is in addition to the option of meeting with the counselor individually or along with your child.)

Adolescent Questionnaire

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

Name: _____ Age: _____

How do you feel about being here?

□ It's fine with me
□ I don't care either way
□ I'm against it
□ _____

Have you ever seen a counselor before? □ Yes □ No

If yes, what do you think about your past counseling experience? _____

What event(s) or problems have caused you to come for counseling? _____

_____

_____

_____

What do you most hope to gain or what do you most hope will change through counseling?

_____

_____

Health

Please check all that apply to you:

□ I have difficulty falling asleep
□ I wake up frequently during the night
□ I wake up very early and can't get back to sleep
□ I feel tired much of the time
□ I have gained or lost 10 pounds or more within the past two months
□ I sometimes eat way too much or too little (circle which) or feel my eating is out of control
□ I sometimes vomit after eating too much to get rid of food
□ I have a hard time concentrating
□ My memory is not as good as it used to be
□ I have stomachaches a lot
□ I have headaches a lot
□ I have thoughts that trouble me sometimes
□ I worry a lot
□ Sometimes I wish I didn't have to go on living

Check the three (3) feelings you most often have:

□ Happy	□ Sad	□ Angry	□ Irritable
□ Anxious/Nervous	□ Bored	□ Confused	□ Confident
□ Shy	□ "Hyped up"/Energetic	□ Guilty	□ Depressed
□ Worried	□ Lonely	□ Worthless	

List any medications you are currently taking: _____

School

What school do you go to? _____

What grade are you in? _____

What activities (if any) are you in at school (such as sports, music, etc.)? _____

_____

_____

What do you like the most about school? _____

What do you like the least about school? _____

Activities and Interests

What do you do for fun? _____

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

_____

Friendships and Relationships

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

Do you have a "best" friend? □ Yes □ No

If so, how long have you known him/her? _____

Do you have a boyfriend/girlfriend? □ Yes □ No

If so, how long have you been dating? _____

Do people at school tend to label your group of friends? □ Yes □ No

If so, what label is your group usually given? _____

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

If so, who? _____

Do you use social networking sites such as MySpace, Facebook or Twitter? □ Yes □ No

If so, how much time do you spend checking these sites? _____

How do you generally think of adults? *Please check all that apply*

□ Helpful
□ Friendly
□ Overly Strict
□ Smart or wise most of the time
□ Can be trusted or counted on
□ Usually Nice
□ _____

□ Out of touch with you
□ Caring
□ Jerks
□ Stupid or dumb most of the time
□ Cannot be trusted or counted on
□ Usually Mean
□ _____

Drug and Alcohol Use

Please fill out the following chart by checking the box which most accurately describes your use of each substance.

How often do you:	Never	I've Tried it	Rarely	Monthly	Weekly	Daily
smoke cigarettes?						
drink alcohol?						
smoke pot/marijuana?						
use crack/cocaine?						
use acid/LSD?						

Have you tried or use any other drug(s)? □ Yes □ No

If yes, what drug(s) and how often do you use it/them? _____

_____

Family

Describe your family in a few words: _____

_____

Who do you get along with the best in your family? _____

_____

What would you change about your family if you were given the power to do so? _____

_____

Faith

Do you currently attend church, synagogue, or mosque? □ Yes □ No

Are you involved in a religious youth group? □ Yes □ No

Have you had any positive or negative experiences related to your faith? □ Yes □ No

If yes, please describe: _____

_____

General

What is your earliest memory from childhood? _____

_____

Please list any major changes in your life over the past five (5) years (moving, parents divorced, etc.):

_____

_____

_____

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

_____

_____

_____

_____ _____

Signature Date