crossroads Institute for Psychotherapy and Assessment

ADOLESCENT QUESTIONNAIRE
(To be completed by adolescents 12 and older)

Today's date:__________________ Adolescent name:__________________________________

Whose idea was it for you to come today? __Mine __Parent(s) __Other:___________________

If it wasn't your idea, are you OK with it? __Yes __No __Not sure

For what problems are you seeking help today?____

____

Have you ever seen a therapist/counselor in the past? __Yes __No

If yes, who did you see?____

When and for how long did you see the therapist/counselor?________________________

For what reason?____

Was it helpful? Why/why not?____

____

Who lives at home with you?____

Please check all appropriate boxes.

Describe your family	Mother	Father	Step-mother	Step-father	Brother	Sister	Other
Likes me							
Kind							
Pleasant							
Understanding							
Easygoing							
Rarely home							
Strict							
Mean							
Harsh							
Critical							
Negative							
Angry							
Uses drugs							
Uses alcohol							
Verbally abusive							
Physically abusive							

Kinds of punishment	Mother	Father	Step-Mo	Step-Fa	Other
Sends you to your room					
Takes away privileges					
Restricts/Grounds you					
Spanks/hits you					
Other:explain					

Do you have, or have you ever had, any significant medical problems or been hospitalized?

____

Are you on any medications (including birth control)?___________________________________

____

Have you been, or are, sexually active? __Yes __No

If yes, do you practice safe sex? __Yes __No

What is your sexual preference/orientation?_____________________________________

For girls: Have you started your period? __Yes __No If yes, when?_____________

Are you, or have you been, pregnant? __Yes __No

Have you ever drunk alcohol? __Yes __No

If yes, do you still drink? __Yes __No How often?___________________________

If yes, is this a problem for you? __Yes __No

Have you ever used drugs? __Yes __No What?________________________________

If yes, do you still use? __Yes __No How often?___________________________

If yes, is this a problem for you? __Yes __No

Have you ever had police/court involvement? __Yes __No

If yes, describe:____

Have you ever experienced these symptoms? Please check all that apply.

	Current	Past		Current	Past		Current	Past
Restless/unable to sit still			Act without thinking			Difficulty paying attention		
Low motivation			Easily frustrated			Easily distracted		
Daydream or fantasize a lot			Temper outbursts			Uncooperative		
Back talk			Don't like to admit mistakes			Argue a lot		
Enjoy "bugging" others			Easily annoyed by others			Rebellious		
Damage property			Steal things			Want to run away from home		
Run away from home			Hurt animals			Hurt people		
Sexual problems			Set fires			Nervous/can't relax		
Worry more than others			Worry about past behaviors			Worry about the future		
Fears or phobias			Panic			Afraid of germs or getting sick		
Repeat acts over and over			Feel confused a lot			Can't control body movement		
Feel odd or different than others			Speech problems			Restrict eating even when hungry		
Vomit food intentionally			Eat too much at once			Hear voices or see things others don't		
Headaches			Stomach-aches			Sad, crying, or depressed		
Hard to make decisions			Irritable/ angry a lot			Keep away from others		
Trouble concentrating			Trouble going to sleep			Trouble staying asleep		
Memory problems			Nightmares			Nothing is fun anymore		
Cutting or injuring myself			Sleep too much			Feeling tired all the time		
Unexplained weight gain or loss			Feel suicidal			Low self-esteem		

Check all that apply to you:

__Prefer to be alone

__Alone a lot but don't like it

__Problem getting along with others

__Shy

__Don't get along with my brothers and sisters

__Conflict with parents/step-parents

__Family member, relative, or friend tried to kill himself/herself

__I have a best friend

__I have a lot of friends

__I have a boyfriend/girlfriend (age:______)

__I am/was physically abused

__I am/was sexually abused

__I feel neglected

__I get picked on by others

__I don't get along with my teachers

__I ditch school

__My grades are low

__I've been suspended/expelled

Please feel free to add any other comments:____

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