

## Adolescent Questionnaire to be filled out by Parent(s) or Guardian(s)

This questionnaire is designed to assist in the assessment and treatment of adolescents when the adolescent is to be the focus of treatment. Parents and guardians may complete this questionnaire together, or if preferred, separate questionnaires may be filled out by each parent or guardian. Although extra pages may be added if necessary, this questionnaire is designed to gather a brief and focused overview of the situation and concerns, which are bringing the adolescent in for treatment.

Name of adolescent: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_  
Grade in school: \_\_\_\_\_ Sexual orientation \_\_\_\_\_  
Special school programs/ Extra curricular activities:

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Special interests/ Activities:

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Strengths/ Talents:

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What is the adolescent's source and access to money? Is this dependent on behavior or performance?

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Current concerns about the adolescent (Why are you currently seeking treatment?):

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What would you like to see come about from treatment?

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How would you describe your adolescent's interest in treatment?

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Are there currently concerns about physical danger or dangerousness. If so, please describe:

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### **Family Membership:**

Please list other members of the immediate family. Start with members of the primary household. If there is another household where the adolescent spends time, please list the people who live there as well. Finally, include family members from outside the home who play an important role in your adolescent's life.

Use this general format: First name of person, age or approximate age, relationship to the adolescent, occupation, and any other very brief information, which may be important at this point.

A. \_\_\_\_\_

B. \_\_\_\_\_

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**Adolescent Questionnaire to be filled out by Parent(s) or Guardian(s), cont.**

- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_

Other Significant People in Your Adolescent's Life:

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

Noteworthy Developmental History (learning to walk, talk, interact with others, adjust to school, etc.):

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

Noteworthy Medical History (injuries, illnesses, hospitalizations, etc.):

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

Current physician: \_\_\_\_\_

Current medications: \_\_\_\_\_

Noteworthy Family Medical History:

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

**Adolescent's History and Current Use of Drugs or Alcohol:**

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

Family History and Current Use of Drugs or Alcohol:

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

**Adolescent's Mental Health History (previous counseling, hospitalizations, etc.)**

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

Family Mental Health History:

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

**Problems With the Criminal Justice System?**

Adolescent: \_\_\_\_\_

Other family members: \_\_\_\_\_

**Adolescent Questionnaire to be filled out by Parent(s) or Guardian(s), cont.**

Concerns there might be in the future?

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Any gang related problems?

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**Harm to the Adolescent:**

Do you have any reason to believe that your adolescent is currently being harmed or threatened by anyone, including the adolescent himself?

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Do you have any reason to believe your adolescent may have been physically or sexually abused at any time in the past?

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**School:**

Any academic problems?

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Behavior problems at school

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Primary teacher(s) and/or  
counselor(s)

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**Sexual Knowledge and Behavior:**

Does your adolescent have a basic knowledge of sex?

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Do you have concerns about your adolescent's knowledge of sex?

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Do you know whether your adolescent is sexually active?

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Does your adolescent know about safe sex?

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If your adolescent is sexually active, does he/she practice safe sex?

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Is there anything else I should know about your adolescent's sexual behavior or sexual orientation?

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**Significant Changes:** Changes, even positive ones, can produce emotional distress. Although adolescence is time of rapid change by nature, it is important to take stock of the many stresses, which may be affecting your developing adolescent's emotions, sense of self, and social behavior. Below is just a partial list of the events in an adolescent's life, which may be a source of stress. Please check any, which your adolescent may have experienced in the past year.

Write in events which may not be on the list which may help me to better understand your adolescent and his/her experiences and feelings:

- change of schools
- change of teachers
- academic trouble or "failure"
- academic success or awards
- move to a new residence
- new friendships
- change in friendships

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- loss of friendships
- new romantic relationship
- change in romantic relationship
- loss of romantic relationship
  
- rapid physical growth
- slow physical growth
- sexual development
- dissatisfaction with physical appearance
- disagreement with parents about level of maturity
- conflicts with siblings
- conflict between parents
- lack of time with parents
- too much time with parents
  
- too much responsibility
- parental divorce
- parental marriage
- death or illness in the family
- injury or illness of self
- problems friends may be having
- money problems
- peer pressure
- involvement in crime
- being the victim of a crime
- starting counseling

Other (or more information):

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How would you describe your adolescent's general mood (angry, irritable, sad, anxious, calm, happy, etc.)

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Does his/her mood seem fairly steady or does it change a lot?

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Have there been recent changes from the norm?

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Have there been recent changes in: (please circle)

Appetite?    Weight?    Sleep?    Activity level?    Level of social activity?

Alone time?    Choice of friends?    Secretiveness?    Energy level?

Other? \_\_\_\_\_

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How would you describe your adolescent's general social functioning (friendly, outgoing, reserved, uninterested, selective, etc.)

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**Adolescent Questionnaire to be filled out by Parent(s) or Guardian(s), cont.**

Has your adolescent ever thought about or attempted suicide?

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Please describe things you have already tried in your attempts to address your concerns:

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Have you experienced any success (it is important to take note of your successes)?

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Are there things you have not tried yet but believe may be helpful (in addition to the counseling you are seeking now)?

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What are some family strengths which may help resolve the current problems or concerns?

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Are there other questions or concerns which you have? Anything else I should know?

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Are there others you would like me to be in contact with in order to be better informed about the matters which bring you in at this time (doctors, teachers, other counselors, etc.)? If so, please list them and see my "Consent for Release of Information" forms.

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**Thank you very much for taking the time to fill out this questionnaire. Your responses will help me to have a better understanding about your concerns. We will be able to talk about these matters in greater detail in person.**