



**ADOLESCENT SELF-REPORT
(Ages 13-17)**

CHILD'S NAME: _____ AGE: _____ DATE: _____

Name of parent or guardian who brought you: _____

Was it your idea to come here? _____ If not, whose idea was it? _____

Why do **you** think you are coming here? _____

How do you **feel** about coming here? _____

What do you think your family will say the problem is? _____

What do you think the real problem is? _____

What do you like about yourself? _____

What do other people like about you? _____

What don't you like about yourself? _____

What is something you have experienced now or in the past that still bothers or upsets you in your life today? _____

What do you enjoy doing the most? _____

STRENGTHS: Name something you are proud of or something that you are good at:

STRUGGLES: Name some things you struggle with:

What are things you worry about? _____

What do you wish could be different in your life? _____

Do you ever think about running away or going to live with someone else? _____

Do you ever wish you were dead or that you were never born? _____

Have you ever attempted to seriously hurt yourself? _____ When? _____

What did you do? _____

Have you ever felt that someone in your family wanted to get rid of you? _____

Who? _____

Do other kids bully you? _____ Do you feel rejected by other kids? _____

Have you ever thought of seriously hurting another person or animal? _____

Do you like to set fires? _____ Are you in a gang? _____ Ever carry a weapon? _____

COUNSELING:

Have you worked with a counselor before? ____ **If yes**, for what concerns? _____

FAMILY/ RESPONSIBILITIES/RELATIONSHIPS:

Who are you closest to in your family? _____

Who don't you get along with in your family? _____ because? _____

Are you having problems with your family? _____

What chores do you have to do at home? _____ If so, Do you do them willingly? **Yes or No**

Do you obey the rules at home? **Yes or No** Do you think the rules are fair? **Yes or No**

What happens when you break the rules at home? _____

Are you presently in an intimate relationship and or are you having boyfriend or girlfriend problems?

SEX: Are you sexually active? _____ Do you use protection? _____

When was your first sexual experience? _____

Do you have any sexual problems or worries? _____

SCHOOL: What bothers you most about going to school? _____

Describe any problems with schoolwork? _____

How much effort do you make in your classes and on your homework to get good grades? _____

Do you skip classes? **Yes or No** Are you expecting to pass all of your classes this semester? _____

Do you get along with your teachers? _____ With your classmates? _____

Are you having any other problems in school? _____

EMPLOYMENT: Do you work? **Yes or No.** If so, Where? _____ How many hours a week? ____

RELIGIOUS/SPIRITUAL: Do you have specific religious or spiritual beliefs? ____ Do you go to church or synagogue? _____ Do you pray? _____ Do you have any religious concerns? _____

DRINKING/ DRUG USE: Do you smoke cigarettes? ____ Since what age? _____ How many a day? _____

Do you ever get high? **Yes or No** What age did you start? _____ What do you get high on? _____

What do you drink or use now? _____ How much (amount) do you drink or use now? _____

If you drink or use drugs do your parents know? ____ What do they say or would say about this? _____

Do you think you need help with your drinking or drug use? **Yes or No**

LEGAL: Have you ever gotten in trouble with the law? _____ How many times? _____

How did you get in trouble? _____ Were you ever placed on probation? _____