The Family Place

Adolescent Confidential Questionnaire

(Middle School & High School Students)

Please fill out the following questions about yourself as completely as possibly by writing or checking the correct answer. This will help the counselor get to know you better.

Name:_____

Address:_____

_____

__ Male _____ Female Date of birth: _____ / _____ / _____ Age: _____ Phone: _____

Whose idea was it for you to come here?

____ Mine
____ Parent(s)
____ Other – who? _____

How do you feel about being here?

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

Briefly describe what is happening in your life that brings you to counseling:

How long has this been going on?

SCHOOL INFORMATION

What school do you attend? _____ Grade: _____

What do you like about school?

What do you dislike about school?

What activities (if any) are you in at school?

ACTIVITES & INTERESTS

What do you do for fun?

Are you involved in activities outside of school? (Such as church, sports, scouts, music, dance, etc.)

____ Yes ____ No

If " Yes", what? _____

What kind of music do you listen to?

Who are 3 of your favorite artists/groups?

Computer/ Internet Use:

Social Networking (Facebook/Twitter/Instagram/Web or Video chat): ____ Yes ____ No

Gaming: ____ Yes ____ No

Do you attend church? ____ Yes ____ No

If "yes", what is the name of your church? _____

HEALTH

How would you rate your overall health? ____ excellent ____ good ____ fair ____ poor

Have you had any recent weight gain or loss?

____ Yes, weight gain If "Yes", how much? _____

____ Yes, weight loss If "Yes", how much? _____

____ No

FRIENDS

How much time do you spend with friends? ____ a lot ____ some ____ not much

Do you have a best friend? _____ Yes ____ No

If "Yes", how long have you know him/her? _____

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

If "Yes", how long have you been dating? _____

Do people at school tend to label your group of friends (skaters, preps, etc.)? ____ Yes ____ No

If so, what label are they usually given? _____

FAMILY

Describe your relationship with your father:

Describe your relationship with your mother:

If you have brothers or sisters, describe your relationship with them:

If you have step-parents, describe your relationship with them:

What relative (not including your parents, brothers, or sisters) are you closest to?

Why?

FEELINGS

Check all the feelings you often have:

____ angry	____ confused	____ hopeless	____ sad
____ anxious/nervous	____ depressed	____ hyper/energetic	____ shy
____ bored	____ guilty	____ irritable	____ worried
____ confident	____ happy	____ lonely	____ worried

____ other: _____

Check all the FEARS you often have:

____ animals	____ new situations	____ strangers
____ being alone	____ school	____ visiting a friend's home
____ dark	____ separation from parent	
____ death	____ spending the night away from home	

____ other: _____

DRUG and ALCOHOL USE

How often do you drink?	___ never	___ tried it	___ rarely	___ monthly	___weekly	___ daily
How often do you smoke cigarettes?	___ never	___ tried it	___ rarely	___ monthly	___weekly	___ daily
How often do you smoke marijuana?	___ never	___ tried it	___ rarely	___ monthly	___weekly	___ daily
How often do you use other drugs?	___ never	___ tried it	___ rarely	___ monthly	___weekly	___ daily

OTHER INFORMATION

List any major changes in your life over the last 5 years:

If there is any other information you believe would be helpful for the therapist to know, please use the space below to provide it (use back if you need it).

Thank you. Please return these forms to the receptionist.