CenterLife Counseling

Centerville Clinic
7039 20th Ave. S., Centerville, MN 55038
Phone: 651-288-0332 Fax: 651-288-0493

White Bear Lake Clinic
4444 Centerville Rd. Suite 235, White Bear Lake, MN 55127
Phone: 651-289-3111 Fax: 651-289-3113

ADOLESCENT QUESTIONNAIRE

Note: All information on this form is considered strictly confidential within the guidelines of the clinic.

Name: _____ Date: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell Phone: _____
Work phone: _____ Other: _____
Date of birth: _____ Sex: □ Male □ Female
Employer: _____ Occupation: _____
School: _____ Grade: _____
What is the reason for your visit here? _____
_____

How serious is this issue to you? (Rate 1-10, least serious = 1, most serious = 10): _____

Background Information:

Parents Names:	Age:	Job/Retired:	Physical/Emotional/Mental Problems:
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Sibling(s) Name(s):	Age:	Job:	Physical/Emotional/Mental Problems:
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

Child(ren) Name(s):	Age:	Physical/Emotional/Mental Problems:
_____	____	_____
_____	____	_____
_____	____	_____
_____	____	_____

Current Living Situation: □ Apartment □ House

Other's Living With You: □ Mother □Father □ Significant other: _____
□ Children □ Grandparent □ Other

Check the problems that trouble you in your family:

___ Dad or Mom physically sick
___ Dad or Mom has emotional problems
___ Dad or Mom has trouble with alcohol/drugs
___ Parents fighting
___ Parents Divorcing
___ Problems with Step Parent
___ Parents never home
___ Can't talk to Mom or Dad
___ Mom or Dad too strict
___ Mom or Dad expect too much
___ Parents disapprove of friends
___ Parents disapprove of activities, music
___ Ignored by parents
___ Pet Dying
___ Brother/Sister has emotional problems
___ Brother/Sister has problems with alcohol/drugs
___ Being physically abused at home
___ Being sexually abused at home
___ Don't want to live at home
___ Family Fighting
___ Don't have enough privacy
___ Too many household chores
___ Don't feel close to family
___ Parents disapprove of clothes, appearance
___ Parents favor brothers or sisters
___ Other: please specify:
_____

Issues:

___ Suicidal thoughts
___ Anxious, worried
___ Bored
___ Confused
___ Cutting/burning self
___ Difficulty being alone
___ Easily distracted
___ Fatigued
___ Guilt feelings, shame
___ Hyperactivity
___ Lonely
___ Mood swings
___ Obsessive thoughts
___ Panic attacks
___ Low self esteem
___ Sexual problems
___ Tearful
___ Repeatedly washing hands
___ Anger problems
___ Alcohol use
___ Frequently lying
___ Shy, uneasy with others
___ Unwanted behavior/habits
___ Sleep problems:
___ At times it takes me over 1 ½ hr to get to sleep
___ I wake up a lot at night
___ Eating habits:
___ Restricting
___ Overeating
___ Purging (making yourself throw up)
___ Binging
___ Laxative use for dieting
___ Weight changes:
___ Increase
___ Decrease
___ Suicidal attempts
___ Attitude issues
___ Brother/Sister problems
___ Count excessively
___ Depressed
___ Disorganized
___ Easily irritated
___ Focusing problems
___ Hearing voices, hallucinations
___ Impulsive
___ Memory/concentration problems
___ Motivation reduced/absent
___ Excessively organizing
___ Parent problems
___ Sexual identity concerns
___ Sexually active
___ Unusual thoughts
___ Very concerned about germs
___ Aggressiveness
___ Drug use
___ Perfectionist
___ Unassertive
___ Withdrawn

I worry about:

___ Being popular
___ My brother/sister
___ Money problems
___ Being left out
___ My friends
___ Being bullied
___ Everything
___ Being sick a lot
___ Other: _____
___ My parents
___ School issues

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I feel bad about:

___ People putting me down
___ My family
___ My appearance
___ I get angry a lot
___ I have trouble living up to others' expectations
___ I try to please everyone
___ I like to argue/compete with others.
___ Being excluded
___ Not saying "NO"
___ Other people's opinion of me is very important
___ Not having enough friends
___ My grades
___ The way I treat people
___ I get in fights a lot
___ I try to get my own way a lot
___ I think I'm right all the time
___ Myself
___ Other: _____

Medical History:

Medical concerns in the last year: _____
Chronic illness: _____
Surgeries: _____
Disabilities: _____
Current medications/reasons prescribed: _____

Counseling (current or previous):

Dates	Clinic	Therapist	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Psychiatric Hospitalization:

Dates:	Clinic	Therapist	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Abuse Issues:

Please indicate (√) areas of **abuse that you have encountered**: (□ Not Applicable)

	Past	Current
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Emotional Abuse		

Please indicate (√) areas of **abuse by you**: (□ Not Applicable)

	Past	Current
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Emotional Abuse		

Alcohol/Drug Abuse:

Have there been any undesirable results of your chemical abuse? (low job or school performance, physical problems, relationship problems, DWI's? [ ] Yes [ ] No
Have you ever been concerned about your own chemical abuse? [ ] Yes [ ] No
Have others expressed concern about your chemical abuse? [ ] Yes [ ] No
Have others who are close to you abuse alcohol or drugs? [ ] Yes [ ] No
If yes, who? (include family, friends) _____
_____
_____

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Have you ever attended a self-help or support group such as:
AA, NA, AlAnon, or ACA? [ ] Yes [ ] No
Are you currently attending a self-help or support group? [ ] Yes [ ] No
If so, name of group: _____
Do you use nicotine? [ ] Yes [ ] No ____ Cigarettes ____ Chewing tobacco
If yes, how many times per day? _____
Describe your daily caffeine consumption (include coffee, tea, pop, chocolate):

Social History: _____
How many close friends do you have at this time?
Approximately how many contacts do you have with these friends? (Check one only, please)
[ ] 3-5 times a week [ ] Weekly [ ] 2x per month [ ] Monthly [ ] Daily
Recreation, hobbies, interests:
_____

Check the problems that trouble you:

____	Being uncomfortable with people	____	Being uncomfortable with the opposite sex
____	Being criticized by others	____	Not fitting in with peers
____	Being suspicious of others	____	Not having enough close friends
____	Being taken advantage of by friends	____	Feeling inferior
____	Worrying about getting/being pregnant	____	Not knowing enough about sex
____	Thinking about sex too often	____	Worrying about sex
____	Worried about same-sex attraction	____	Feeling used or being pressured to have sex
____	Sexual abuse	____	Physical abuse
____	Feeling pressured to do something against my will		
____	Having problems with boyfriend/girlfriend		
____	Being involved with pornography (movie, magazines or computer, etc.)		
____	Other: _____		

Educational Issues:
□ Grades □ Skipping □ Absences □ Teacher relationships
Trouble with: _____
Learning Disabilities: _____
Other problems with school:
_____

Job Issues:

List your last three (3) jobs outside the home:

Position	Duties	Dates (From)	Dates (To)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religion: _____
List religious affiliation(s)/spiritual involvement(s):
_____
Is religion important to you?
_____

Culture: _____

Ethnic background (American Indian, African American, Irish, German, Asian American, etc.):
_____

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CURRENT WELL-BEING

1. At the present time, how upset or distressed have you been feeling?
   - ① Not at all distressed
   - ② Slightly distressed
   - ③ Pretty distressed
   - ④ Very distressed
   - ⑤ Extremely distressed

2. At the present time, how energetic and healthy have you been feeling?
   - ① Not at all energetic and healthy
   - ② Slightly energetic and healthy
   - ③ Pretty energetic and healthy
   - ④ Very energetic and healthy
   - ⑤ Extremely energetic and healthy

3. At the present time, how well do you feel that you are getting along emotionally and psychologically?
   - ① Quite poorly; I can barely
   - ② Fairly poorly; life is pretty tough for me at times
   - ③ So-so; I manage to keep going with some effort
   - ④ Fairly well; I have my ups and downs
   - ⑤ Quite well; I have no important complaints
   - ⑥ Very well; much the way I would like to

4. At the present time, how satisfied have you been feeling with your life?
   - ① Not at all satisfied
   - ② Slightly satisfied
   - ③ Pretty satisfied
   - ④ Very satisfied
   - ⑤ Extremely satisfied

CURRENT LIFE FUNCTIONING

Please rate how much difficulty you are having in the following areas of your life:	No Difficulty	Some Difficulty	A Lot of Difficulty	Extreme Difficulty
1. Ability to perform routine tasks				
2. Ability to maintain my personal appearance				
3. Ability to concentrate and complete tasks				
4. Participation in physical activities				
5. Ability to function as an independent person				
6. Ability to manage my finances				
7. Being the kind of person I would like to be				
8. Maintaining good health habits				
9. Interactions with people at work				
10. Performance at work or school				
11. Developing or managing my career				
12. Creative activities				
13. Attending work/school or getting there on time				
14. Interactions with my spouse/romantic partner				
15. Interactions with my parents				
16. Interactions with my brothers or sisters				
17. Ability to form or sustain intimate relationships				
18. Enjoyment of sexual activities				
19. Carrying out family responsibilities				
20. Interactions with friends				
21. Participation in social activities				
22. Planning and enjoying leisure time activities				
23. Ability to control myself and stay out of trouble				
24. Ability to be comfortable with people				

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