

Adolescent Intake Questions

Teens 12-17

My Name is: _____

1. Who do you live with? (check all the people)

- Mom Grandma Step Mom Aunt
 Dad Grandpa Step Dad Foster Parents
 Adoptive Parents

2. Do you have siblings? Yes No

Brother's name(s): _____

Age(s): _____

Sister's name(s): _____

Age(s): _____

3. Do you have personal space at home? Yes No

4. Are you attending school? Yes No

What school do you go to? _____ What grade are you in? _____

For me, school is:

- Very Difficult Pretty Hard Ok Easy Very Easy

5. Do you have extended family that you visit with on a regular basis? Yes No

Who? _____

6. Do you have a pet(s)? Yes No

Are you responsible to care for your pet(s)? Yes No

What kind of pet(s) do you have? _____

7. Which family member do you talk with the most? _____

8. Do you have rules in your home? Yes No

Do you obey these rules? (check)

- Hardly Ever Sometimes Most Of The Time Always

9. Do you feel like you have any personal power to make choices? Yes No

In what areas? (check)

- Music Clothing Choice Hair Color/Style
 Body Art Education Religious Participation
 Food Curfew Hours Use Of Phone
 Use Of Computer Friends Other; _____

10. Are your parents getting a divorce? Yes No

11. Are you close to anyone who has an addiction problem? Yes No

Who: _____

12. What is your favorite:
Music: _____
Food: _____
Video game: _____
TV Program: _____

13. Do you have a hero?..... Yes No
Who is it: _____

14. Have you ever tired:
Drugs Yes No
Alcohol Yes No
Sex Yes No
Cigarettes..... Yes No

15. Are you approached by people at school to buy drugs?..... Yes No

16. Do you feel like you are in control of your moods? Yes No

17. Do you feel like you are in control of your anger? Yes No
If no, what makes you really angry? _____

18. Have you ever been touched in your genital area (unwanted)? Yes No
Is this continuing now?..... Yes No

19. Have you been physically (hit, kicked) or verbally abused?..... Yes No
Is this continuing?..... Yes No

20. Do you have friends to hang-out with? Yes No

21. Do you have a boyfriend or a girlfriend? Yes No

22. Do you wish you had a boyfriend or a girlfriend?..... Yes No

23. Are you happy with your friends? Yes No

22. Do you see them as often as you would like? Yes No

23. Are they a source of support for you? Yes No

24. Who would you call if you had a problem to talk over? _____

25. Do you struggle with peer pressure? Yes No

26. Does anybody bully you?..... Yes No
Please explain if you would like _____

27. Do you have personal goals for the next 3 years? _____

28. Do you think about:

- | | |
|---|--|
| <input type="checkbox"/> Hurting Yourself | <input type="checkbox"/> Hurting Your Pet |
| <input type="checkbox"/> Running Away | <input type="checkbox"/> Yelling At You Teacher |
| <input type="checkbox"/> Yelling At Your Mom | <input type="checkbox"/> Getting Back At Someone Who Picked On You In School |
| <input type="checkbox"/> Yelling At Your Dad | <input type="checkbox"/> Hurting your Mother/Father |
| <input type="checkbox"/> Hurting Your Brother/ Sister | |

29. Check the words that describe you: (Check as many as you think fit you)

- | | | | | |
|---|------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Happy | <input type="checkbox"/> Smart | <input type="checkbox"/> Handsome | <input type="checkbox"/> Good Athlete |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sad | <input type="checkbox"/> Stupid | <input type="checkbox"/> Cute | <input type="checkbox"/> Good Student |
| <input type="checkbox"/> Practices Religion | <input type="checkbox"/> Tall | <input type="checkbox"/> Pretty | <input type="checkbox"/> Strong | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Short | <input type="checkbox"/> Ugly | <input type="checkbox"/> Weak | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Truthful | <input type="checkbox"/> Lies | <input type="checkbox"/> Fun Loving | <input type="checkbox"/> Mean |
| <input type="checkbox"/> Poplar | <input type="checkbox"/> Unpopular | <input type="checkbox"/> Kind | <input type="checkbox"/> Confident | <input type="checkbox"/> Secure |
| <input type="checkbox"/> Over-eating | <input type="checkbox"/> Tired | <input type="checkbox"/> Under-eating | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Muscle Fatigue |

30. Check all the words that describe your family:

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Comfortable |
| <input type="checkbox"/> Stable | <input type="checkbox"/> Poor | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Wealthy | <input type="checkbox"/> Interactive | <input type="checkbox"/> Isolated |
| <input type="checkbox"/> Nurturing | <input type="checkbox"/> Distant | <input type="checkbox"/> Disconnected |

31. Are you part of any team or club? Yes No

Which ones? _____

32. Are you feeling stressed?..... Yes No

- All the time Sometimes Once in a while Never

33. Do you like yourself? Yes No

What traits do you like: _____

34. Do you have confidence in yourself? Yes No

35. Do you finish what you start?..... Yes No

36. Do you try new things?..... Yes No

37. Do you use social media?..... Yes No

If yes, what type(s) of social media do you use and have you had any problems with others on social media?

