



ADOLESCENT SELF-REPORT HISTORY

(Ages 12-17)

YOUR 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 don't **other** people like about you? _____

Name three things in your life that upset or bother you the most:

1. _____

2. _____

3. _____

INTERESTS/ACTIVITIES (What do you enjoy doing? Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Watch television | <input type="checkbox"/> Be with friends | <input type="checkbox"/> Eat |
| <input type="checkbox"/> Movies/videos | <input type="checkbox"/> Be with girlfriend | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Play video games | <input type="checkbox"/> Be with boyfriend | <input type="checkbox"/> Get into fights |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Be with family | <input type="checkbox"/> Exercise / work out |
| <input type="checkbox"/> Talk on the phone | <input type="checkbox"/> Be by myself | <input type="checkbox"/> School sports |
| <input type="checkbox"/> Sing | <input type="checkbox"/> Go shopping | <input type="checkbox"/> Street sports |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Get into trouble | <input type="checkbox"/> Cheer-leading |
| <input type="checkbox"/> Draw | <input type="checkbox"/> Pray | <input type="checkbox"/> Other school activities |
| <input type="checkbox"/> Build things | <input type="checkbox"/> Church activities | <input type="checkbox"/> Drink |
| <input type="checkbox"/> Write | <input type="checkbox"/> Sew, knit, embroider | <input type="checkbox"/> Get high |
| <input type="checkbox"/> Read | <input type="checkbox"/> Scouting | <input type="checkbox"/> Diet |
| <input type="checkbox"/> Play instrument | <input type="checkbox"/> Just about anything | <input type="checkbox"/> Babysit |

What else do you enjoy doing? _____

Are there activities that you would like to do but are afraid to do? _____

Have you lost interest in activities that you normally enjoy? _____

What do you hate doing? _____

What makes you feel **happy**? _____

What makes you feel **angry**? _____

What makes you feel **sad**? _____

What makes you feel **scared**? _____

What do you **worry** about? _____

What **keeps** you from feeling happy? _____

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 that you were dead or that you were never born? _____
Have you ever **thought** about seriously **hurting** or **killing** yourself? _____ When? _____
Have you ever **attempted** to hurt or kill yourself? _____ When? _____
What did you do? _____
Have you ever felt that someone in your family wanted to get rid of you? _____ Who? _____
Do you get bullied by other kids? _____ Rejected by other kids? _____
Have you ever thought about seriously hurting another person or an animal? _____
Have you actually hurt another person or an animal? _____
Do you like to set fires? _____ Are you in a gang? _____ Ever carry a weapon? _____

SCHOOL:

How do you feel about going to school? _____
Are you having any problems with your schoolwork? _____
How much **effort** do you make in your classes and on your homework to get good grades? _____
Do you skip many classes? _____ What do you do when you skip class? _____
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:

Where do you work? _____ How many hours a week? _____

RELIGIOUS/SPIRITUAL:

Do you have spiritual or religious beliefs? _____ Do you go to church or synagogue? _____
Do you pray? _____ Do you have any religious concerns? _____

SEX:

Are you sexually active? _____ Do you use protection? _____
When was your first sexual experience? _____
Do you have any sexual problems or worries? _____

LEGAL:

Have you ever gotten in trouble with the law? _____ How many times? _____
How did you get into trouble? _____ Were you placed on probation? _____

COUNSELING:

Have you ever seen a counselor for persona, family, or school problems? _____

Where, when? _____

Why did you see a counselor? _____

DRINKING/DRUG USAGE:

Do you smoke cigarettes? _____ Since what age? _____ How many a day? _____

Did you ever get high? _____ At what age? _____

What did you get high on? _____

What do you drink or use now? _____ How many days a week? _____

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

How much have you drank or used in the last 2 days? _____

If you drink or use drugs, do your parents know? _____

What do they think, or what would they think about you drinking or getting high? _____

Do you think you need help with your drinking or drug usage? _____

FAMILY RESPONSIBILITIES/RELATIONSHIPS:

Who are you closest to in your family? _____

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

Who don't you get along? _____

What chores do you have to do at home? _____

Do you do them willingly? _____

Do you obey the rules at home? _____ Do you think the rules are fair? _____

What do your parents do when you break the rules or neglect your chores? _____

Are you have any problems with your family? _____

Are you having any boyfriend or girlfriend problems? _____

Therapist/Credentials: _____ Date: _____