

Missouri Ozarks Community Health  
**ADOLESCENT SELF-REPORT**  
(AGES 13-17)

Please complete this form as well as you can. It will help your counselor to understand – in your own words – why you are here and what difficulties you may be having. Take your time, and just do your best. If you have any questions, your counselor will go over the form with you later.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian who brought you: \_\_\_\_\_

Was it your idea to come? \_\_\_\_\_ If not, whose idea was it? \_\_\_\_\_

Why do you think you are coming here? \_\_\_\_\_  
\_\_\_\_\_

What do you think they will say the problem is? \_\_\_\_\_

What do you think the problem is? \_\_\_\_\_  
\_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever seen a counselor outside of school? \_\_\_\_\_ When: \_\_\_\_\_

Why were you seeing the counselor? \_\_\_\_\_

Was it helpful? \_\_\_\_\_ If not, why not? \_\_\_\_\_

Have you ever seen a counselor in school? \_\_\_\_\_

Was it helpful? \_\_\_\_\_ If not, why not? \_\_\_\_\_

What do you like to do (circle the number for each thing that you enjoy):

- |                            |                                     |                      |
|----------------------------|-------------------------------------|----------------------|
| 1. Be with my friends      | 11. Be with boyfriend or girlfriend | 21. Get high         |
| 2. Watch television        | 12. Stay to myself                  | 22. Drink            |
| 3. Listen to music         | 13. Eat                             | 23. Play instrument  |
| 4. Sing or dance           | 14. Diet                            | 24. Play video games |
| 5. Play sports or exercise | 15. Nothing                         | 25. Skate            |
| 6. Sleep a lot             | 16. Just about anything             | 26. Roller blade     |
| 7. Read                    | 17. Talk on the telephone           | 27. Go shopping      |
| 8. Write                   | 18. Baby-sit                        | 28. Go to school     |
| 9. Draw                    | 19. Build or fix things             | 29. Prayer/Church    |
| 10. Get into trouble       | 20. Do things with family           | 30. _____            |

What else do you enjoy? \_\_\_\_\_

Are there things you used to enjoy but you don't enjoy now? \_\_\_\_\_

Name some things: \_\_\_\_\_

Name some things that you'd like to do but are afraid to do: \_\_\_\_\_

What do you hate doing: \_\_\_\_\_

What chores or responsibilities do you have at home? \_\_\_\_\_

How well do you do in school? \_\_\_\_\_

Favorite classes: \_\_\_\_\_

Classes you don't like: \_\_\_\_\_

Are you doing as well as you can in school? \_\_\_\_\_

If not, why not? \_\_\_\_\_

Do you have a job? \_\_\_\_\_ Where: \_\_\_\_\_ Total hours a week: \_\_\_\_\_

Do you have spiritual beliefs? \_\_\_\_\_ Pray? \_\_\_\_\_ Go to Church? \_\_\_\_\_

Have you ever been in trouble with the law? \_\_\_\_\_ How many times? \_\_\_\_\_

How did you get in trouble with the law? \_\_\_\_\_

Have you ever been on Probation? \_\_\_\_\_ When: \_\_\_\_\_

Have you ever thought of running away or actually ran away? \_\_\_\_\_ If yes, when/why: \_\_\_\_\_

Have you ever wished you were dead? \_\_\_\_\_ When: \_\_\_\_\_

What made you feel that way? \_\_\_\_\_

Did you ever have a real plan to hurt yourself? \_\_\_\_\_

Did you ever actually hurt yourself on purpose? \_\_\_\_\_ When: \_\_\_\_\_

What did you do? \_\_\_\_\_

Have you felt like dying or hurting yourself in the last few weeks? \_\_\_\_\_ If yes, why: \_\_\_\_\_

Do you ever think of hurting other people or animals? \_\_\_\_\_

Have you ever actually hurt other people or animals? \_\_\_\_\_

What did you do? \_\_\_\_\_

Have you ever had sex? \_\_\_\_\_ Having sex now? \_\_\_\_\_ Do you use protection? \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ How many a day? \_\_\_\_\_

Have you ever gotten high? \_\_\_\_\_ When: \_\_\_\_\_

Do you drink or get high now? \_\_\_\_\_ How many days a week? \_\_\_\_\_

What do you get high on? \_\_\_\_\_

What did you get high on in the past? \_\_\_\_\_

What do your parents think about you getting high? \_\_\_\_\_

Name some things you like about yourself: \_\_\_\_\_

Name some things you don't like about yourself: \_\_\_\_\_

Name some things you worry about: \_\_\_\_\_

What makes you feel happy? \_\_\_\_\_

What makes you feel sad? \_\_\_\_\_

What makes you feel angry? \_\_\_\_\_

Who are you closest to in your family? \_\_\_\_\_

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

Why don't you get along? \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_