

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: _____