



ADOLESCENT SELF-REPORT HISTORY

(Ages 13-17)

CASE #: _____

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?)

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

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 personal, family, or school problems? _____

Where, when? _____

Why did you see a counselor? _____

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? _____

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: _____

Consultant/Psychiatrist Signature: _____ Date: _____