

## 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              | _____ Just about anything  | _____ Other school activities |
| _____ Build things      | _____ Pray                 | _____ Drink                   |
| _____ Write             | _____ Church activities    | _____ Get high                |
| _____ Read              | _____ Sew, knit, embroider | _____ Diet                    |
| _____ Play instrument   | _____ Scouting             | _____ Baby-sit                |

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** of seriously **hurting** or **killing** yourself? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever **attempted** to seriously 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 of seriously hurting another person or an animal? \_\_\_\_\_

Have you ever 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 ever placed on probation? \_\_\_\_\_

### **COUNSELING:**

Have you ever seen a counselor for personal or family problems 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 religious or spiritual 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 drunk 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? \_\_\_\_\_

Why 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 having any problems with your family? \_\_\_\_\_

Are you having any boyfriend or girlfriend problems? \_\_\_\_\_

**Therapist/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consultant/Psychiatrist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_