

# ADOLESCENT QUESTIONNAIRE

form to be completed by adolescent

Today's date: \_\_\_\_\_

Who referred you to Dr. Betty Feir & Associates? \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## DESCRIBE CURRENT PROBLEM

Please describe the major problem for which you are seeking help: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

Are there other problems you would like help with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever seen a counselor before? When and for what reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of previous counselor? \_\_\_\_\_

What leads you to seek help at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who else knows about this problem? \_\_\_\_\_

What is the likelihood that you think you can be successfully treated for this problem?

- Not likely    slight possibility    good chance    probably    most likely

Please indicate any problem areas that you have recently experienced:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> eating disorder       | <input type="checkbox"/> bedwetting             | <input type="checkbox"/> rebellious attitude       | <input type="checkbox"/> aggressive behavior    |
| <input type="checkbox"/> sexual promiscuity    | <input type="checkbox"/> self esteem issues     | <input type="checkbox"/> alcohol or drug use       | <input type="checkbox"/> loss of appetite       |
| <input type="checkbox"/> trouble concentrating | <input type="checkbox"/> talks of harming self  | <input type="checkbox"/> social adjustment issues  | <input type="checkbox"/> feels misunderstood    |
| <input type="checkbox"/> panic attacks         | <input type="checkbox"/> always irritated       | <input type="checkbox"/> anxious and tense         | <input type="checkbox"/> acting out             |
| <input type="checkbox"/> sibling rivalry       | <input type="checkbox"/> feels sad all the time | <input type="checkbox"/> sleeplessness             | <input type="checkbox"/> violent behavior       |
| <input type="checkbox"/> weight problems       | <input type="checkbox"/> headaches              | <input type="checkbox"/> feels lonely              | <input type="checkbox"/> lack of self control   |
| <input type="checkbox"/> family problems       | <input type="checkbox"/> chronic illness        | <input type="checkbox"/> does not assert self      | <input type="checkbox"/> won't talk to parents  |
| <input type="checkbox"/> problems at school    | <input type="checkbox"/> chronic pain           | <input type="checkbox"/> sexual orientation issues | <input type="checkbox"/> acts before thinking   |
| <input type="checkbox"/> constantly confused   | <input type="checkbox"/> feels sad all the time | <input type="checkbox"/> constantly in fear        | <input type="checkbox"/> can't accomplish goals |
| <input type="checkbox"/> peer pressure         | <input type="checkbox"/> poor choice of friends | <input type="checkbox"/> feels useless             | <input type="checkbox"/> lack of friends        |

other \_\_\_\_\_

other \_\_\_\_\_

## FAMILY HISTORY

Are your parents?  married  divorced  living separately  legally separated  deceased

Parents name: \_\_\_\_\_

mom is my biological mother  mom is my step-mother  dad is my biological dad  dad is my step dad

Do you have brothers or sisters?  Yes  No if yes, please list below

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  stepbrother/sister

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  stepbrother/sister

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  stepbrother/sister

Who lives at home with you? \_\_\_\_\_

Does your family have rules to follow (example curfew, rules about telephone use, etc.)?  Yes  No if yes, see below -

If so, who fair are these rules? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

What school do you attend? \_\_\_\_\_

What type grades do you receive? \_\_\_\_\_

Have your grades changed recently? \_\_\_\_\_

How do you get along with your teachers, coaches, and administrators? \_\_\_\_\_

Have you ever been expelled or suspended from school?  Yes  No if yes, please detail the circumstances below

Do you occasionally get detention?  Yes  No if so, why? \_\_\_\_\_

How do you compare with your fellow students? \_\_\_\_\_

## SOCIAL BACKGROUND

What are your hobbies and other interests? \_\_\_\_\_

Are you basically  shy  friendly  outgoing  enthusiastic  leader  follower  loner  quiet

Have you recently changed your group of friends? \_\_\_\_\_

Do your parents know your friends?  Yes  No - Do your parents make an effort to get to know your friends?  Yes  No

What activities do you and your friends enjoy most? \_\_\_\_\_

How satisfied are you with your social life?  very satisfied  satisfied  dissatisfied

Do you date?  Yes  No How often?  more than four times a month  less than four times a month  seldom date

Do you have a steady boyfriend/girlfriend right now?  Yes  No How long have you been seeing each other? \_\_\_\_\_

Is your steady boyfriend/girlfriend?  Same age  Older  Younger - If different, what is the age difference? \_\_\_\_\_

## DRUG AND ALCOHOL PROFILE

Do you smoke?  Yes  No # cigarettes per day \_\_\_\_\_ how long have you smoked? \_\_\_\_\_

Do you consume alcohol?  Yes  No If so, How often? \_\_\_\_\_ times per week - how long have you been using alcohol? \_\_\_\_\_

Do you use drugs?  Yes  No If so, how often? \_\_\_\_\_ Which drugs? \_\_\_\_\_

Have you ever been charged with a crime?  Yes  No - if yes please explain: \_\_\_\_\_

Were you convicted?  Yes  No if yes, punishment \_\_\_\_\_

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