ADOLESCENT HISTORY QUESTIONNAIRE

Name	2:	Date:	Age:
Please	e give brief explanation and history:		
1.	. What is your reason for coming to the Rice	e Clinic and whos	e idea was it?
2.	 Symptoms (circle all that apply) a. Change in sleep pattern b. Change in appetite c. Change in energy level (up or down) d. decreased motivation 	f. g.	
<u>Family</u>	y History:		
3.	. Marital status of parents (circle one): Ma	rried Separated	Divorced Widowed Other
4.	. If divorced or widowed, how old were you	ı when that happe	ened?
5.	What is your relationship with your Dad/Step Dad like?		
6.	. What is your relationship with your Mom,	/Step Mom like?	
7.	Who are your siblings, ages, and what is your relationship with each like?		
Social	l History:		
8.	. Who do you consider to be your close frie	nd(s) and why?	
9.	How do you get along with other teens your age at school, church, activities, etc?		
10	. Do you have a boyfriend or a girlfriend? If so, how long?		
11	 What do your parents think about your fri 	iends and your bo	yfriend/girlfriend?

School History:

- 12. What grade are you in and where do you go to school?
- 13. What type of grades do you make?
- 14. What subjects do you like and dislike?
- 15. What clubs, organizations, extracurricular activities, etc. are you in?

Job History:

- 16. Do you have a job (full time or part time)? If so, where?
- 17. Do you get along with your supervisor? Co-workers?
- 18. How you ever been promoted in a job or fired from a job?

Current Interests:

19. What do you enjoy doing?

Plans/Goals for the Future:

- 20. What do you see yourself doing in the following time periods?
 - a. 5 years from now
 - b. 10 years from now
 - c. Career/Adulthood

Plan for Treatment:

- 21. What do you want to work on while coming here?
- 22. What are your expectations for privacy/confidentiality?
- 23. How much do you want your parents to be involved in your treatment?

Religious History:

- 24. Where do you go to church?
- 25. Are your spiritual beliefs the same as your parents?