

# Adolescent Self-Report History

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Is there a phone number you want me to have to reach you at? \_\_\_\_\_

Is it ok to call/text you at that number? \_\_\_\_\_

## **About You:**

Why do you think you are here today? \_\_\_\_\_

Why does the person who brought you think you are coming today? \_\_\_\_\_

How do you feel about coming here? \_\_\_\_\_

What do you like about yourself? \_\_\_\_\_

What do you not like about yourself? \_\_\_\_\_

Name 3 things in your life that bother you the most:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What do you enjoy doing? \_\_\_\_\_

Have you lost interest in doing things that you normally enjoy? \_\_\_\_\_

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 living with someone else? \_\_\_\_\_

Do you ever wish that you were dead or never born? \_\_\_\_\_

Have you ever thought of seriously hurting yourself or killing yourself? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever attempted to seriously hurt or kill yourself? \_\_\_\_\_ When? \_\_\_\_\_

What did you do? \_\_\_\_\_

Have you ever hurt your body on purpose, but didn't want to die? \_\_\_\_\_ When? \_\_\_\_\_

What did you do? \_\_\_\_\_

Have you ever felt that someone in your family wanted to get rid of you? \_\_\_\_\_

Do you get bullied by other kids? \_\_\_\_\_

Have you ever thought of seriously hurting another person or animal? \_\_\_\_\_

Have you ever actually hurt another person or animal? \_\_\_\_\_

### **Legal:**

Have you ever gotten in trouble with the police? \_\_\_\_\_ How many times? \_\_\_\_\_

How did you get into trouble? \_\_\_\_\_

### **Counseling:**

Have you ever seen a counselor before? \_\_\_\_\_ When? \_\_\_\_\_ How many times? \_\_\_\_\_

Why did you see a counselor? \_\_\_\_\_ Was it helpful? \_\_\_\_\_

### **School:**

How do you feel about going to school? \_\_\_\_\_

Are you having problems with your schoolwork? \_\_\_\_\_

Do you skip classes? \_\_\_\_\_ What do you do when you skip? \_\_\_\_\_

What kind of grades are you getting right now? \_\_\_\_\_

What kind of grades have you gotten in the past? \_\_\_\_\_

Do you get along with your teachers? \_\_\_\_\_

Do you get along with the other kids at school? \_\_\_\_\_

Are you having any other problems at school? \_\_\_\_\_

### **Employment:**

Do you work? \_\_\_\_\_ Doing what? \_\_\_\_\_ How many hours? \_\_\_\_\_

### **Spiritual:**

Do you have religious or spiritual beliefs? \_\_\_\_\_

Do you go to a church, temple, or synagogue? \_\_\_\_\_

### **Sex:**

Are you sexually active? \_\_\_\_\_ Do you use protection? \_\_\_\_\_

When was your first sexual experience? \_\_\_\_\_

Have you ever been raped? \_\_\_\_\_

Do you have any sexual concerns? \_\_\_\_\_

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

### **Alcohol/Drug Use:**

Do you smoke cigarettes? \_\_\_\_\_ Since what age? \_\_\_\_\_ How many times a day? \_\_\_\_\_

Do you ever get high? \_\_\_\_\_ Since what age? \_\_\_\_\_ How often? \_\_\_\_\_

What did you use to get high? \_\_\_\_\_

What do you drink or use right now? \_\_\_\_\_

How much have you drunk or used in the last week? \_\_\_\_\_

If you drink or use drugs, do your parents know? \_\_\_\_\_

Do you think you need help with your drinking or drug use? \_\_\_\_\_

**Family:**

Who are you closest to in your family? \_\_\_\_\_

Who do you have trouble getting along with? \_\_\_\_\_

Why don't you get along? \_\_\_\_\_

What chores do you have to do at home? \_\_\_\_\_

Do you do them? \_\_\_\_\_

Do you obey the rules at home? \_\_\_\_\_ Do you think the rules are fair? \_\_\_\_\_

What do your parents do if you break the rules? \_\_\_\_\_

Do you think you have ever been abused physically, verbally, or sexually? \_\_\_\_\_

If so, when and by who? \_\_\_\_\_

Are you having any problems with your family? \_\_\_\_\_

Do you think anyone in your family has a problem with alcohol use, drug use, depression, anxiety or anger? \_\_\_\_\_

Do you think your family understands you? \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date