

13. Describe any problems or difficulties with family members: _____

School

These questions provide information about how things are going in school.

14. How many schools have you attended? _____

15. What subjects do you like the best? _____

16. List subjects that you do not do well in? _____

17. What kind of grades do you usually get? _____

18. What gets you in trouble at school? _____

19. Have you ever repeated a year/grade? ___ Yes ___ No

20. Have you ever been in a special class of any kind? ___ Yes ___ No

21. List any school activities that you are involved in (sports teams, clubs, music, etc.): _____

22. Describe any problems or difficulties related to school: _____

Outside of School

These questions are about your life outside of school.

23. List the types of things you do after school: _____

24. What types of things do you do in the evenings? _____

25. What time do you usually go to bed on weeknights? _____ 26. On weekends? _____

27. On a typical day, how many hours do you spend on each activity?
Watching TV: _____ Working on the computer: _____
Playing video games: _____ Listening to music: _____

28. Do you currently work? ___ Yes ___ No If yes, describe your present job: _____

29. What gets you in trouble outside of school? _____

30. Briefly describe any special hobbies or interests: _____

Friends

These questions are about your social connections.

31. Do you have close friends? Yes No 32. If yes, how many? _____

33. Do you spend time with friends outside of school? Yes No

34. Do you have difficulty making friends? Yes No 35. Difficulty keeping friends? Yes No

36. Are you a shy person? Yes No 37. Do you get nervous around other kids your age: Yes No

38. Do you have a boyfriend or girlfriend? Yes No

39. List all your dating relationships and how long they have lasted:

Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____

40. Describe any problems or difficulties related to friendships or dating relationships: _____

Areas of Concern

At times everybody experiences problems. These next questions are about problems that you may be experiencing or are concerned about.

41. Please check off all areas of concern:

- | | |
|--|---|
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Eating related problems |
| <input type="checkbox"/> Nervousness and Worry | <input type="checkbox"/> Sleep difficulties |
| <input type="checkbox"/> Tired all the time | <input type="checkbox"/> Anger outbursts |
| <input type="checkbox"/> Difficulties with attention and staying focused | <input type="checkbox"/> Feeling out of control |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Poor school attendance |
| <input type="checkbox"/> Not fitting in with other kids | <input type="checkbox"/> Poor grades |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Conflict with parents | <input type="checkbox"/> Concerns about alcohol or drug use |
| <input type="checkbox"/> Conflict with brothers or sisters | |
| <input type="checkbox"/> Other (Please describe symptoms): _____ | |
| <input type="checkbox"/> Unsure (Please describe symptoms): _____ | |

42. Describe in your own words any problems or difficulties you think you have: _____

43. Under what conditions are your problems worse? _____

44. Under what conditions are they better? _____

45. What types of things would have to change to make your life better? _____

46. Additional information that you think might be helpful: _____

