ADOLESCENT HISTORY QUESTIONNAIRE

Name:	Date:	Age:
Please give brief explanation and history:		

- 1. What is your reason for coming to the Rice Clinic and whose 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

- e. decreased concentration
- f. Increased anxiety
- g. Suicidal feelings
- h. Other (please describe below)

Family History:

- 3. Marital status of parents (circle one): Married Separated Divorced Widowed Other
- 4. If divorced or widowed, how old were you when that happened?
- 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 History:

- 8. Who do you consider to be your close friend(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 friends and your boyfriend/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?