

PARENT ADOLESCENT QUESTIONNAIRE
(This information will be shared with your teenager)

1. What are your teenager's strengths (personality, sports or academics)?

2. Are there any marital, financial or employment stresses in the home? Yes No

3. Are you separated, divorced or in the process? Yes No

4. How is your health? Good Fair Poor
If fair or poor, why?

5. How is your spouse/partners health? Good Fair Poor
If fair or poor, why?

6. Has anyone in the family had problems with blood clots? Yes No
If yes, who? _____

7. Do you work outside the house? Yes No
If yes, what do you do? _____

8. Is anyone home when your teenager comes home from school? No Yes

9. Does your teenager like school? No Yes

10. School days missed this year? _____ Previous year? _____

11. Does your teenager have friends that he/she sees regularly? No Yes

12. Are you concerned about your teenager's eating habits? Yes No
If yes, please elaborate.

13. Have you discussed drugs or alcohol with your teenager? No Yes

14. Does anyone in the home have issues with drugs or alcohol? Yes No

15. Have you or your spouse discussed sexual health with your teenager? No Yes

16. Do you or your spouse have (circle one-optional)
a. depression b. bipolar disease c. other _____

17. Does your teenager snore? Yes No

18. Does your teenager have a good self-esteem? No Yes

19. Would you say your teenager is anxious? Yes No

20. Are you concerned your teenager is being bullied? Yes No

21. Are you concerned your teenager is depressed? Yes No

If yes, please elaborate.

22. Has your teenager seen a mental health professional or school counselor at any time? Yes No

23. Has your child ever attempted suicide? Yes No

24. During the past 3 months, how much did you worry about your child's health? ___None of the time, ___a little of the time, ___most of the time, ___all of the time

25. Has your teenager won any academic sports or other awards this past year? (including honor roll) Yes No

26. Where are the computers in your home? _____

27. Do you monitor the websites your teenager goes into? No Yes

28. Do you have any concerns about your teenager's academic performance? Yes No

29. Are there any subjects you would like our provider to discuss with your teenager? If yes, in what areas and what are the weaknesses:

30. Has your teen ever received a ticket while driving? Yes No

31. Has your teen ever gotten into an accident while driving? Yes No

32. Of the above concerns, what are the two most on your mind today?

1. _____

2. _____

33. What are your hopes for your teenager's future?

Patient: _____

Date: _____