

**ADOLESCENT SELF-REPORT HISTORY**  
(Ages 13-17)

CASE # \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of parent or Guardian who brought you: \_\_\_\_\_

Was it your idea to come here? \_\_\_\_\_ If not, whose idea was it? \_\_\_\_\_

Why do **you** think you are coming here? \_\_\_\_\_

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

What do you think your family will say the problem is? \_\_\_\_\_

What do **you** think the real problem is? \_\_\_\_\_

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

What do **other** people like about you? \_\_\_\_\_

What **don't** you like about yourself? \_\_\_\_\_

What don't **other** people like about you? \_\_\_\_\_

**Name the three things in your life that upset or bother you the most:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**INTERESTS/ ACTIVITIES** (What do you enjoy doing?):

- |                        |                            |                               |
|------------------------|----------------------------|-------------------------------|
| _____ Watch television | _____ Be with friends      | _____ Eat                     |
| _____ Movies/ videos   | _____ Be with girlfriend   | _____ Sleep                   |
| _____ Play video games | _____ Be with boyfriend    | _____ Get into fights         |
| _____ Listen to music  | _____ Be with family       | _____ Exercise/ work out      |
| _____ Talk on phone    | _____ Be by myself         | _____ School sports           |
| _____ Sing             | _____ Go shopping          | _____ Street sports           |
| _____ Dance            | _____ Get into trouble     | _____ Cheer-leading           |
| _____ Draw             | _____ Just about anything  | _____ Other school activities |
| _____ Build things     | _____ Pray                 | _____ Drink                   |
| _____ Write            | _____ Church activities    | _____ Get high                |
| _____ Read             | _____ Sew, knit, embroider | _____ Diet                    |
| _____ Play instrument  | _____ Scouting             | _____ Baby-sit                |

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

Are there activities that you would like to do but are **afraid** to do? \_\_\_\_\_

Have you lost interest in activities that you normally enjoy? \_\_\_\_\_

What do you **hate** doing? \_\_\_\_\_

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 going to live with someone else? \_\_\_\_\_

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

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

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

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

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

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

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

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

Do you like to set fires? \_\_\_\_\_ Are you in a gang? \_\_\_\_\_ Ever carry a weapon? \_\_\_\_\_

**LEGAL:** Have you ever gotten into trouble with the law? \_\_\_\_\_ How many times? \_\_\_\_\_

How did you get into trouble? \_\_\_\_\_ Were you ever placed on Probation? \_\_\_\_\_

**COUNSELING:** Have you ever seen a counselor for personal or family problems or school problems? \_\_\_\_\_

Where, when? \_\_\_\_\_

Why did you see a counselor? \_\_\_\_\_

**SCHOOL:** How do you feel about going to school? \_\_\_\_\_

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

How much **effort** do you make in your classes and on your homework to get good grades? \_\_\_\_\_

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

Are you expecting to pass all of your classes this semester? \_\_\_\_\_

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

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