Adolescent Clinical Intake

Name:____ Today's Date:_______________

Date of Birth:________________ Age:____________ Grade:_____________________

Life Stressors (Please note any life stressors that are *currently* affecting you):

____Moved
____School harassment, bullying, or violence
____Family financial problems
____Parent starting work outside home
____Divorce or separation
____Legal problems
____Parental conflict/family violence
____Conflict with friends
____Difficulty with teacher(s)
____Changed schools
____Serious illness or injury in family
____Job change in family
____Limited support group
____Brother/sister leaving home
____Educational struggles
____Housing inadequate
____Difficulty making friends
____Rape/sexual assault
____Harassed on the Internet by peers or strangers
____Traumatic event (Please describe):____
____

Current Symptoms

Please check any symptoms that you have been experiencing.

Group A

___persistently sad or unhappy
___low self-esteem
___loss of interest in things previously enjoyed
___frequent anger
___socially isolating/avoiding others
___grades have dropped
___irritable
___feelings of worthlessness
___difficulty concentrating
___suicidal thoughts
___crying easily/frequently
___feeling lonely
___headaches, stomachaches, etc. without cause
___engaging in self-harming behavior ___cutting ___scratching ___burning ___other
changes in appetite: ___increase ___decrease
changes in sleep pattern: ___trouble falling asleep ___trouble staying asleep __sleeping a lot
changes in activity level: ___low energy ___more restless than usual

Group B

___sudden, rapid mood swings
___excessive talking
___decreased need for sleep
___engaging in risky behaviors
___periods of <u>extreme</u> hyperactivity
___racing thoughts
___laughing at inappropriate times
___the belief that it is okay for you to steal
___feeling that you could teach the class better than the teacher
___severe and persistent irritability nearly every day ___long episodes of rage

Group C

___excessive anxiety and worry
___have a hard time turning off worries
___restlessness
___muscle tension
___irritability
___need for perfection
___test anxiety
___difficulty concentrating
___excessive shyness
___easily fatigued
___difficulty sleeping
___lacks confidence in abilities
___refusal to go to sleep without parent figure nearby

___physical symptoms (headaches, stomachaches, nausea, diarrhea)
___excessive and unreasonable fear of an object or situation: ___*getting shots* ___*vomiting* ___*bugs* ___*dark* ___*seeing blood* ___*other:*___________________________
___compulsive behaviors: ___*counting* ___*hoarding* ___*checking* ___*organizing* ___*hand washing* ___*repeating words* ___other:___________________
___obsessive thoughts, urges or pictures in your mind that cause you significant distress or anxiety

Group D

___often fidget with hands or feet, or squirm in seat
___often leave seat in situations in which remaining seated is expected
___running or climbing in situations where that is inappropriate
___blurt out answers to questions before they have been completed
___talk excessively
___often interrupt or "butts in" to others' games
___often have difficulty waiting in line or taking turns
___difficulty doing tasks quietly
___very restless, as if "driven by a motor"
___easily distracted
___trouble listening to others
___tendency to want needs/desires met immediately
___often lose things necessary for tasks or activities (school assignments, pencils, books)
___seem disorganized; lose things needed for school
___act without considering the consequences
___often forgetful
___make careless mistakes on schoolwork or other activities/fail to pay attention to details
___often do not follow through on instructions

Group E

___often lose temper
___often refuse to follow rules or adults' requests
___often deliberately do things to annoy others
___often blame others for mistakes/misbehavior
___often argue with parents or teachers
___often angry or resentful
___often spiteful or vindictive
___often touchy; easily annoyed by others

Group F

___often bully, threaten or intimidate others
___regularly skip school
___have deliberately destroyed others' property
___have been physically cruel to other people
___have set fires/dangerous play with fire
___have broken into someone else's house or car
___have stolen while confronting the victim
___have stolen small items without confronting the victim
___often lie or "con" others
___cruel to animals
___often start physical fights
___not sorry for hurting others
___have forced someone into sexual activity
___have run away overnight

Group G

___recurrent and upsetting thoughts of a past traumatic event___________________________
___recurrent distressing dreams of a past upsetting event
___a sense of reliving a past upsetting event
___a sense of panic or fear to events that resemble an upsetting past event
___spending effort avoiding thoughts or feelings associated with a past trauma
___inability to recall an important aspect of a past upsetting event
___persistent avoidance of activities or situations that cause you to remember a past upsetting event

___marked decreased interest in important activities
___feeling detached or distant from others
___feeling numb or restricted in your feelings
___feeling that your future is shortened
___quick startle response
___feeling like you are always watching for bad things to happen
___when recalling the trauma you tend to put the events in the wrong sequence of events
___you believe that there were warning signs predicting the trauma and that if you are aware enough you can recognize warning signs to avoid future trauma.

Group H
___restriction of food intake that leads to a less than normal body weight
___intense fear of gaining weight or of becoming fat event though at a significantly low weight
___engaging in persistent behaviors that interfere with weight gain
___persistent over concern with body shape and weight
___lack of recognition of the seriousness of the current low body weight
___recurrent episodes of binge eating large amount of food
___eating, in a certain time frame, larger amounts of food than most people would eat in the same time
___a sense of lack of control over eating during the episode
___engaging in self-induced vomiting
___the misuse of laxatives, water pills, strict dieting or excessive exercise

Group I
___Sexually active ___More than one sexual partner ___Use of Internet or other porn ___Transgender
___Heterosexual ___Lesbian ___Gay ___Bisexual ___Questioning ___Asexual ___Pansexual

Group J
___Difficulty making friends ___Difficulty keeping friends ___Poor choice of friends ___Internet addiction

Strengths

Place an 'X' by all of your strengths.

___Good at reading ___Good at math ___Confident ___Caring
___Tries hard at school ___Organized ___Wise ___Athletic
___Enthusiastic ___Good friend ___Helpful ___Nature enthusiast
___Trustworthy ___Positive ___Observant ___Considerate
___Good listener ___Adventurous ___Independent ___Appreciative
___Creative ___Good with animals
___Other:____________________

Current Activities or Interests: ____________________
____

What skills would you like to build?
___Ability to manage stress ___Increase ability to express feelings
___Anxiety management ___Resolving conflict with others
___Managing homework ___Build self-esteem
___Build confidence in skills and abilities ___Increase ability to negotiate with parents
___Improve mood ___Better communication with parents
___Improve friendships ___Improve ability to cope with change
___Improve ability to deal with teachers ___Reduce/eliminate test anxiety
___Improve body image ___Improve anger management
___Setting boundaries with friends' problems ___Other:____________________

Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name:_______________ Age: _____ Sex: Male ☐ Female ☐ Date:_______________

Instructions: How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	Clinician Use Item score
1.	Feeling down, depressed, irritable, or hopeless?					
2.	Little interest or pleasure in doing things?					
3.	Trouble falling asleep, staying asleep, or sleeping too much?					
4.	Poor appetite, weight loss, or overeating?					
5.	Feeling tired, or having little energy?					
6.	Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?					
7.	Trouble concentrating on things like school work, reading, or watching TV?					
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?					
9.	Thoughts that you would be better off dead, or of hurting yourself in some way?					
					Total/Partial Raw Score:	
					Prorated Total Raw Score: (if 1-2 items left unanswered)	

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

Severity Measure for Generalized Anxiety Disorder—Child Age 11–17

Name:_______________ Age: _____ Sex: Male ☐ Female ☐ Date:_______________

Instructions: The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work. **Please respond to each item by marking (✓ or x) one box per row.**

							Clinician Use
	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
2.	felt anxious, worried, or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
3.	had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
6.	avoided, or did not approach or enter, situations about which I worry	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
7.	left situations early or participated only minimally due to worries	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
8.	spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
9.	sought reassurance from others due to worries	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
10.	needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
						Total/Partial Raw Score:	
						Prorated Total Raw Score: (if 1-2 items left unanswered)	
						Average Total Score:	

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Current Use of Alcohol/Drugs

Do you smoke cigarettes? ___Y ___N If yes, how many cigarettes a day?________________

Have you ever used, even on one occasion, alcohol? ___Y ___N
If yes, please indicate how often____

Have you ever drunk to the point of intoxication? ___Y ___N
If yes, please indicate how often____

Have you ever used, even on one occasion some form of illegal drug? ___Y ___N
If yes, please specify the drug(s) used, and how often____________________________
____

Have you ever used, on even one occasion, a prescription medication for the purpose of getting high? ___Y ___N
If yes, please specify the type of drug and how often___________________________________

If you answered yes to having used alcohol and/or drugs, please answer the following:

Have you used more than one chemical at the same time in order to get high? ___Y ___N
Do you avoid family activities so you can use? ___Y ___N
Do you find yourself often thinking and planning how to get drugs or alcohol to be able to use? ___Y ___N
Do you have a group of friends that use? ___Y ___N
Do you use to improve your emotions such as when you feel sad or depressed? ___Y ___N
Do you use to feel more social and outgoing? ___Y ___N
Have you ever tried to stop using and found yourself unable to stop? ___Y ___N