KM Counseling
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Adolescent Confidential Questionnaire

Please fill out the following questions about yourself as completely as possible by writing, checking, or circling the correct answer. This will help the counselor get to know you better.

Name: _____ Date: ____ / ____ / ____

Address: _____ Birthday: ____ / ____ / ____

_____ Age: _____

Mobile Phone: _____

Whose idea was it for you to come here?

____ Mine
____ Parent(s)
____ other – who? _____

How do you feel about being here?

____ It's fine with me
____ I don't care either way
____ I'm against it

Briefly describe what is happening in your life that brings you to counseling.

_____

_____

_____

_____

_____

_____

How long has this been a problem?

_____

_____

_____

SCHOOL INFORMATION

What school do you attend? _____ Grade: _____

What do you like about school?

_____

_____

What do you dislike about school?

_____

_____

What activities (if any) are you in at school? _____

_____

ACTIVITIES & INTERESTS

What do you do for fun?

_____

_____

What kind of music do you listen to? _____

Who are 3 of your favorite artists/groups? _____

_____

_____

Do you attend a church? ____ Yes ____ No

If "yes", what is the name of your church? _____

HEALTH

How would you rate your overall health? ____ excellent ____ good ____ fair ____ poor

Have you had any recently weight gain or loss? ____ Yes, weight gain ____ Yes, weight loss ☐ No

If "yes", how much? _____

FRIENDS

How much time to you spend with friends? ____ a lot ____ some ____ not much

Do you have a best friend? ____ Yes ____ No
If "yes," how long have you known him/her? _____

Do you have a boyfriend/girlfriend? ____ Yes ____ No
If "yes," how long have you been dating? _____

Do people at school tend to label your group of friends (skaters, preps, etc.)? ____ Yes ____ No
If, so, what label are they usually given? _____

FAMILY

List all the people living with you (excluding yourself).

Name	Age	Sex	Relationship

Describe your relationship with your father:

_____

_____

Describe your relationship with your mother:

_____

_____

If you have brothers or sisters, describe your relationship with them:

_____

_____

If you have step-parents, describe your relationship with them:

_____

_____

What relative (not including your parents, brothers, or sisters) are you closest?

_____

Why?

FEELINGS

Check all the feelings you often have:

____ happy	____ irritable	____ confused	____ hyper/energetic
____ worried	____ sad	____ anxious/nervous	____ confident
____ guilty	____ lonely	____ angry	____ bored
____ shy	____ depressed	____ worthless	____ hopeless

Check all the FEARS that you often have:

____ Dark	____ New situations	____ Spending the night away from home
____ Being alone	____ Death	____ Separation from parent
____ School	____ Animals	____ Visiting a friend's home
____ Strangers	____ Other: _____	

DRUG and ALCOHOL USE

How often do you drink alcohol?	☐ never	☐ tried it	☐ rarely	☐ monthly	☐ weekly	☐ daily
How often do you use cigarettes/vape?	☐ never	☐ tried it	☐ rarely	☐ monthly	☐ weekly	☐ daily
How often do you smoke marijuana?	☐ never	☐ tried it	☐ rarely	☐ monthly	☐ weekly	☐ daily
How often do you use other drugs?	☐ never	☐ tried it	☐ rarely	☐ monthly	☐ weekly	☐ daily

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OTHER INFORMATION

List any major changes in your life over the last 5 years:

_____

_____

_____

If there is any other information you believe would be helpful for the therapist to know, please use the space below to provide it (use back if you need).

_____

_____

_____

PROBLEM CHECKLIST - ADOLESCENT

Name: _____ Date: _____

In an effort to be helpful to you, it is important that we get a good idea about the things that are happening in your life. Please be as honest as possible.
Please check the items that you have experienced in the *anytime* in your life, and/or have experienced in the *past six months*.

Anytime	6 Months	
☐	☐	I Do Not Get Along With Other People
☐	☐	I Feel Criticized By Others
☐	☐	I Do Not Fit In With My Peers
☐	☐	I Have A Bad Reputation
☐	☐	I Feel Uncomfortable In Social Settings
☐	☐	I Feel Immature
☐	☐	I Am Shy
☐	☐	I Do Not Have Close Friends
☐	☐	I Feel Taken Advantage Of By Friends
☐	☐	I Do Not Have Anyone That Shares My Interests
☐	☐	I Feel Lonely
☐	☐	I Feel Unpopular
☐	☐	I Feel Uncomfortable Talking To Others
☐	☐	I Feel Inferior
☐	☐	I Feel Like People Are Against Me
☐	☐	I Am Embarrassed By My Family Background
☐	☐	I Feel Let Down By My Friends
☐	☐	I Feel Different From Everyone Else
☐	☐	I Feel Pressure To Do Wrong Things
☐	☐	I Have A Poor Attitude About Everything
☐	☐	I Do Not Have Any Interest In Things
☐	☐	I Have Had A Recent Change In Attitude
☐	☐	I Do Not Listen To Opinions Of Others
☐	☐	I Do Not Have Opinions About Anything
☐	☐	I Have Different Opinions Than Others
☐	☐	I Do Not Understand The Attitudes Of Others
☐	☐	I Have A Poor Attitude Towards Religion
☐	☐	I Have A Poor Attitude Towards School
☐	☐	I Have A Poor Attitude Towards Work
☐	☐	I Have A Poor Attitude Towards Family
☐	☐	I Have A Poor Attitude Towards Myself
☐	☐	I Feel I Am Overweight
☐	☐	I Feel I Am Too Short Or Too Tall
☐	☐	I Have A Physical Handicap
☐	☐	I Feel I Am Too Thin
☐	☐	I Look Too Young Or Too Old
☐	☐	I Feel I Am Noticed For My Looks
☐	☐	I Feel I Look Too Plain
☐	☐	I Feel I Am Clumsy And Awkward
☐	☐	I Feel I Am Not Clean And Well Groomed
☐	☐	I Do Not Feel I Have The Right Clothes
☐	☐	I Feel Ugly/Unattractive

Anytime	6 Months	
☐	☐	My Father/Mother Is Sick
☐	☐	My Father/Mother Is Having Emotional Problems
☐	☐	My Father/Mother Is Having Problems With Drugs
☐	☐	My Father/Mother Is Having Problems With Alcohol
☐	☐	My Parents Fight Or Argue
☐	☐	My Parents Are Separated Or Are Getting A Divorce
☐	☐	My Parents Are Divorced
☐	☐	I Have Problems With My Stepmother/Stepfather
☐	☐	My Parents Are Never Home
☐	☐	I Do Not Feel Like I Can Talk To My Parents
☐	☐	My Parents Are Too Strict
☐	☐	My Parents Interfere With My Decisions
☐	☐	My Parents Expect Too Much Of Me
☐	☐	My Parents Disapprove Of My Boyfriend/Girlfriend/Dating
☐	☐	My Parents Disapprove Of My Friends
☐	☐	My Parents Disapprove Of My Job
☐	☐	My Parents Disapprove Of The Way I Look And/Or Dress
☐	☐	My Parents Disapprove Of The Music I Listen To
☐	☐	My Parents Disapprove Of Activities
☐	☐	My Parents Favor My Brother/Sister
☐	☐	My Parents Ignore Me
☐	☐	I Argue A Lot With My Brother/Sister
☐	☐	My Brother/Sister Is Stealing
☐	☐	I Feel Bothered By My Brother/Sister
☐	☐	My Family Fights/Argues A Lot
☐	☐	I Have Problems With My Other Family Members
☐	☐	I Do Not Feel I Have Any Privacy
☐	☐	I Have To Do Household Chores
☐	☐	I Do Not Feel Close To My Family
☐	☐	I Feel My Family Does Not Have Enough Money
☐	☐	My Father/Mother Has Lost Their Job
☐	☐	I Do Not Want To Live At Home
☐	☐	I Feel Like I Live In A Bad Neighborhood
☐	☐	I Am Old Enough To Drive, But Not Allowed
☐	☐	I Have Been Robbed
☐	☐	I Have Been In Trouble With The Police
☐	☐	I Have Run Away
☐	☐	My Brother/Sister Have Run Away
☐	☐	I Have A Physical Health Problem
☐	☐	I Have A Long Term Illness
☐	☐	I Am Often Sick
☐	☐	My Family Is Often Sick

Anytime	6 Months	
☐	☐	I Get Bad Grades
☐	☐	I Do Not Get Along With My Teachers
☐	☐	I Do Not Have Good Study Habits
☐	☐	I Do Not Have A Quiet Place To Study
☐	☐	I Feel I Am Taking The Wrong Classes
☐	☐	I Am Not Interested In School Clubs Or Teams
☐	☐	I Do Not Qualify For Clubs Or Teams
☐	☐	I Do Not Have Any Close Friends At School
☐	☐	I Feel My School Is Too Large
☐	☐	I Am Missing School Because Of Being Sick
☐	☐	I Do Not Understand Class Material
☐	☐	I Do Not Understand Remote/eLearning
☐	☐	I Do Not Get Along With Other Students
☐	☐	I Feel Out Of Place In School
☐	☐	I Am Not Interested In School
☐	☐	I Feel I Have A Language Problem In School
☐	☐	I Feel My Teachers Do Not Care About The Students
☐	☐	I Feel I Am In The Wrong School
☐	☐	I Am Bored In School
☐	☐	My School Is Too Far From Home
☐	☐	I Worry About Future Jobs Or College
☐	☐	I Have Trouble Budgeting Money
☐	☐	I Feel I Do Not Make Enough Money
☐	☐	I Do Not Have A Steady Income
☐	☐	I Feel I Have To Spend My Savings
☐	☐	I Owe Money
☐	☐	I Feel I Waste Money
☐	☐	I Feel I Depend On Others For Money
☐	☐	I Lend Money To Friends Or Family
☐	☐	I Feel I Have To Give Money To My Parents
☐	☐	I Do Not Have Enough Money For Personal Things
☐	☐	I Do Not Like My Job
☐	☐	I Feel My Job Does Not Pay Enough
☐	☐	I Do Not Like My Boss
☐	☐	I Do Not Like My Job Being Dirty
☐	☐	I Do Not Like My Co-Workers
☐	☐	I Feel I Am Disliked By My Co-Workers/Boss
☐	☐	I Am Afraid Of Being Fired/Laid Off
☐	☐	I Am Afraid Of Failing At My Job
☐	☐	I Do Not Want To Work
☐	☐	I Do Not Have A Way To Get To Work
☐	☐	I Feel My Friends Have Better Jobs
☐	☐	I Feel I Work In Unsafe Conditions
☐	☐	I Worry I Will Get/Exposed To Covid At Work
☐	☐	I Feel There Is A Lack Of Supervision At My Job
☐	☐	I Feel My Boss Is To Critical Or Unfair
☐	☐	I Have Arguments While On The Job
☐	☐	I Feel I Work Too Many Hours
☐	☐	I Feel My Job Is Creating Health Problems
☐	☐	I Am Bored With My Job
☐	☐	I Feel I Lack The Experience To Get A Good Job
☐	☐	I Feel I Have No Future With My Current Job
☐	☐	I Feel Uncomfortable With My Sexuality
☐	☐	I Am Not Able To Date
☐	☐	I Do Not Have Anyone To Date/Lonely
☐	☐	I Am Having Problems With My Boyfriend/Girlfriend
☐	☐	I Want To Break Up With My Boyfriend/Girlfriend

Anytime	6 Months	
☐	☐	I Worry About Getting Pregnant
☐	☐	I Am Pregnant/My Girlfriend Is Pregnant
☐	☐	I Feel I Do Not Know Enough About Sex
☐	☐	I Am Confused About Sex/Sexuality
☐	☐	I Feel I Think About Sex Too Often
☐	☐	I Worry About Being Homosexual/Bi/Trans
☐	☐	I Am Troubled By The Sexual Attitudes Of Friends
☐	☐	I Am Troubled By Unusual Sexual Behavior
☐	☐	I Feel I Am Sexually Underdeveloped
☐	☐	I Feel Used
☐	☐	I Feel Pressured Into Having Sex
☐	☐	I Do Not Have Any Religious Beliefs
☐	☐	I Argue With My Parents About My Religious Beliefs
☐	☐	I Am Confused About My Religious Beliefs
☐	☐	I Feel I Am Failing In My Religious Beliefs
☐	☐	My Boyfriend/Girlfriend Has Different Religious Beliefs
☐	☐	I Argue With My Boyfriend/Girlfriend About Religion
☐	☐	I Am Not Able To Get To Church
☐	☐	My Chores Interfere With My Church Activities
☐	☐	My Job Interferes With Church Activities
☐	☐	I Get Upset By The Religious Beliefs Of Others
☐	☐	I Worry About Being Accepted By God
☐	☐	I Feel I Am Being Rejected By Church Members
☐	☐	I Do Not Have Any Friends At Church
☐	☐	I Feel Anxious Or Uptight
☐	☐	I Feel Afraid Of Things
☐	☐	I Have The Same Thoughts Over And Over Again
☐	☐	I Am Tired And Have No Energy
☐	☐	I Feel Depressed Or Sad
☐	☐	I Have Trouble Concentrating
☐	☐	I Have Trouble Remembering Things
☐	☐	I Feel I Get Too Emotional
☐	☐	I Worry About Diseases Or Illnesses
☐	☐	I Have Nightmares
☐	☐	I Think Too Much About Death And Dying
☐	☐	I Am Afraid Of Hurting Myself
☐	☐	I Feel Things That Are Not Real
☐	☐	I Cry Without Good Reason
☐	☐	I Worry About Having A Nervous Breakdown
☐	☐	I Am Not Able To Stop Worrying
☐	☐	I Am Not Able To Relax
☐	☐	I Fell I Am Unhappy All Of The Time
☐	☐	I Do Not Have Any Enjoyment In Life
☐	☐	I Feel I Am Influenced By Others
☐	☐	I Feel I Behave In Strange Ways
☐	☐	I Feel Out Of Control
☐	☐	I Feel Afraid Of Hurting Someone Else
☐	☐	I Feel I Could Lose My Temper And Hurt Someone
☐	☐	My Friend/Family Member Committed Suicide
☐	☐	My Friend/Family Member Has A Serious Illness
☐	☐	My Friend/Family Member Is Getting Divorced
☐	☐	My Friend/Family Member Is Dying
☐	☐	My Pet Is Dying/Died
☐	☐	I Am Being Physically Hurt/Abused
☐	☐	I Cannot Trust Others
☐	☐	I Do Not Feel Safe
☐	☐	I Cannot Talk To Others

Anytime	6 Months	
☐	☐	I Have Thoughts About Suicide
☐	☐	I Plan On Hurting Someone Else
☐	☐	I Do Not Have Any Appetite
☐	☐	I Binge Eat
☐	☐	I Throw Up Frequently
☐	☐	I Feel I Eat Too Much
☐	☐	I Feel I Have Poor Eating Habits
☐	☐	I Feel I Do Not Get Enough Exercise
☐	☐	I Do Not Have Time To Relax
☐	☐	I Sleep Too Much
☐	☐	I Have Poor Sleeping Habits

Anytime	6 Months	
☐	☐	I Use/Abuse Alcohol / Drugs
☐	☐	I Smoke Cigarettes/Vape/Chew Tobacco
☐	☐	I Am Not Able To Get Enough Sleep
☐	☐	I Have To Take Medication
☐	☐	I Am Unhappy With My Doctor(s)
☐	☐	I Feel I Watch To Much TV
☐	☐	I Do Not Have Any Hobbies
☐	☐	I Do Not Have Time For Interest/Hobbies
☐	☐	I Worry About Getting Covid
☐	☐	I Am Doing Remote Learning For School
☐	☐	I Worry About Ability To Learn

Please List Any Other Problems You Might Be Experiencing:

Following therapy/counseling, what would you like to see changed about your life and situation?