

**Clarity Psychological Group, LLC**  
**PARENT ADOLESCENT QUESTIONNAIRE**

**CLIENT DEMOGRAPHICS**

Client **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Gender:** Female Male

**PRESENTING PROBLEM**

Why are you **bringing your child** to counseling?

\_\_\_\_\_

What are **your goals/ expectations** of counseling?

\_\_\_\_\_

Describe the **problems s/he is having** and **when they began:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

1. **List allergies, serious illnesses, surgeries, injuries, hospitalizations:** \_\_\_\_\_

\_\_\_\_\_

2. List both **prescription** and **over-the-counter medications** presently used for physical conditions:

\_\_\_\_\_

\_\_\_\_\_

3. Over-all **general health** is:      \_\_\_Excellent      \_\_\_Good      \_\_\_Fair      \_\_\_Poor

4. What **physical illnesses** run in your family? \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL HISTORY**

1. What **grade is your child currently in?** \_\_\_\_\_

2. Are there any **problems in school?**      YES      NO      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Has your child ever **repeated** or **skipped** a grade?      YES      NO      Which one? \_\_\_\_\_

4. Has your child ever **dropped out, been expelled, or been suspended?** Which one? \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

5. How has school **attendance** been?      \_\_\_Excellent      \_\_\_Good      \_\_\_Fair      \_\_\_Poor

6. What are your child's **grades** like? \_\_\_\_\_ Have they changed a lot?      YES      NO

7. Does your child have **learning difficulties** or attend **special classes?**      YES      NO

8. Has your child ever had **psychological testing?**      YES      NO

9. What are your child's **extra-curricular activities?** \_\_\_\_\_

\_\_\_\_\_

10. Has your child been or are they being bullied? YES NO
11. Would anyone describe your child as a bully? YES NO

**LEGAL HISTORY** (in regards to child or any family member)

1. Have you **ever been involved** with the legal system (criminal, divorce, custody, civil, etc.)? YES NO If so, in what way?

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2. Are you **currently involved** with the legal system (criminal, divorce, custody, civil, etc.)? YES NO If so, in what way?

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3. Does your child have any criminal or civil **cases pending**? YES NO

4. Does your child currently have a **probation/parole officer**? YES NO If so, who? \_\_\_\_\_

5. Do you anticipate any **involvement** with the legal system **in the future**? YES NO

**TREATMENT HISTORY**

1. Has your child **been in counseling** before? YES NO If so, with whom? \_\_\_\_\_

2. What was the **primary issue**? \_\_\_\_\_

When? \_\_\_\_\_ For how long? \_\_\_\_\_ What was the outcome?

3. Has your child ever been **hospitalized for emotional problems** or for **alcohol/drug treatment**? YES NO

If so when? \_\_\_\_\_ Where? \_\_\_\_\_ What was the outcome?

4. What **medications** has your child taken **in the past** for **emotional or mental problems**? \_\_\_\_\_

5. What medications is your child **currently taking** for emotional or mental problems? \_\_\_\_\_

6. Is there a **history of mental illness** in your family? If so, please explain \_\_\_\_\_

**SOCIAL HISTORY**

1. What do you consider are your child's major **strengths**? \_\_\_\_\_

2. What do you consider are your child's major **weaknesses**? \_\_\_\_\_

3. From whom does your child get **emotional support**? \_\_\_\_\_

4. Has there been a **change** in your child's circle of friends lately? YES NO

5. What concerns do you have about your child's socialization? \_\_\_\_\_

6. Is there **anything about your child's lifestyle** (or the family's) that would be **helpful for your counselor to know**?

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**FAMILY HISTORY**

**1. YOUR HOUSEHOLD**

<u>Name</u>	<u>Age</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. With whom does your child **live**? \_\_\_\_\_

**What are the living conditions like?** \_\_\_\_\_

3. Your experiences while growing up can affect your life. What **experiences and events** (discipline, favoritism, trauma, affection, lack of attention, etc.) have been **important in your child's life**? \_\_\_\_\_

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**SEXUAL HISTORY**

1. Has anyone ever **molested your son/daughter**? YES NO If yes, **by whom** and for what **length of time**? \_\_\_\_\_

2. Is your child **sexually active**? YES NO

**SUBSTANCE USE**

Is your child using/ consuming any drugs? YES NO

If so, which one(s) \_\_\_\_\_

How does your child gain access to substances? \_\_\_\_\_

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Is there **anything else** that may be **helpful for your counselor to know** that we have not asked?

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## CHECKLIST OF CHARACTERISTICS

Please check all that apply.

Accident prone	Hair chewing, pulling	calling, intolerant
Affectionate	Head banging	Procrastinates
Aggressive	Hitting	Provokes others
Argues, "talks back," defiant	Hostile	Rages
Assaults	Hyperactive	Recent move, new school, loss of friends
Bathroom language	Hypochondriac, always complains of feeling sick	Refuses
Bigoted	Imaginary playmates, fantasy	Relationships with friends are poor
Bossy to others	Immature, "clowns around," has only younger playmates	Relationships with siblings –competition, fights, teasing/ provoking
Breaks rules	Inappropriate sexual behaviors	Relationships with teachers poor
Breaks the law	Inattentive	Resists
Bullied by others	Independent	Responsible
Bullies/ intimidates, teases, inflicts pain on others	Inflicts pain on others	Restless
Cheats	Insults others	Rocking motion/behavior
Clowns around	Interrupts, talks out, yells	Repetitive movements
Competition	Intimidated by others	Runs away
Complains	Intimidates others	Sad, unhappy
Complains of feeling sick	Intolerant	School avoiding
Compliant	Irritability	Self-harming behaviors—biting, hitting self, scratching
Concern for others	Isolates	Sexual preoccupation, inappropriate sexual behaviors
Conflicts at school	Lacks organization, unprepared	Sexually active
Conflicts at home with parents over rule breaking, money, chores, choices	Lacks respect for authority, insults, dares, provokes	Shy, timid
Conflicts with friends	Learning disability	Slow moving
Conflicts with police	Legal difficulties, truancy, loitering, vandalism, drinking	Slow responding
Cries easily, feelings are easily hurt	Lethargic	Smart-alecky
Cruel to animals	Likes to be alone, withdraws, isolates	Smoking
Dares others	Loitering	Social
Dawdles, procrastinates, wastes time	Loss of friends	Speech difficulties
Daydreams	Low-frustration tolerance, irritability	Stealing
Defiant	Lying	Stubborn
Dependent, immature	Manipulates	Suicide talk or attempt
Destructive	Masturbation	Swearing, blasphemes, fowl language
Developmental delays	Moody	Talks back
Difficulties with parent's paramour/new marriage	Mute – refuses to speak	Teased, picked on, victimized, bullied
Disobedient, uncooperative, refuses, noncompliant	Nail biting	Teases others
Disrupts family activities	Name calling	Temper-tantrums, rages
Distractible, inattentive, poor concentration, daydreams	Needs high supervision at home over play/chores/schedule	Threatens
Dropping out of school	Negativism	Thumb sucking, finger-sucking
Drug or alcohol use	Nervous	Tics – involuntary rapid movements, noises or word productions
Drug sales	New school	Timid
Eating issues, poor manners, over/under eats, refuses	Nightmares	Truancy, school avoiding
Exercise problems	Noisy	Uncooperative
Extracurricular activities interfere with academics	Noncompliant	Uncoordinated, accident-prone
Failure in school	Obedient	Under-active, slow-moving
Fantasy life	Obese	Unhappy
Fearful	Only younger playmates	Unprepared
Feelings are easily hurt	Oppositional, resists, refuses, does not comply	Vandalism
Fidgety	Outgoing	Violent
Fighting, hitting, violent, aggressive, hostile, threatens	Out-of- seat behaviors	Wastes time
Finger sucking	Overactive, restless, hyperactive, restlessness, fidgety	Wetting/soiling of bed or clothes
Fire starting/ setting	Picks on others	Withdraws
Friendly, outgoing, social	Poor concentration	Yells
	Pouts	
	Prejudiced, bigoted, insulting, name	

