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

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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Name three things that bother you the most?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

How many hours do you sleep at night? \_\_\_\_\_

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 you were dead or that you were never born? \_\_\_\_\_

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

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

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

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

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

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

Have you ever gotten in trouble with the law? \_\_\_\_\_

How did you get in trouble? \_\_\_\_\_

Have you ever seen a counselor for personal or family problems? \_\_\_\_\_

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

**SCHOOL:**

How do you feel about going to school? \_\_\_\_\_

Do you have problems doing your schoolwork? \_\_\_\_\_

Are you expecting to pass all your classes? \_\_\_\_\_

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

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

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

Do you work? \_\_\_\_\_

Are you sexually active? \_\_\_\_\_

When was your first sexual experience? \_\_\_\_\_

Do you use protection? \_\_\_\_\_

**DRINKING AND DRUG USE:**

Do you smoke cigarettes? \_\_\_\_\_ Since what age? \_\_\_\_\_

Do you ever get high? \_\_\_\_\_ At what age? \_\_\_\_\_

What did you get high on? \_\_\_\_\_

What do you drink or use now? \_\_\_\_\_

How much have you drunk or used in the last 2 days? \_\_\_\_\_

If you drink or use drugs do your parents know? \_\_\_\_\_

Do you think you need help with your drinking or drug use? \_\_\_\_\_

**FAMILY:**

Who are you closest to in your family? \_\_\_\_\_

Who don't you get along with in your family? \_\_\_\_\_

What do your parents do when you break the rules or ignore your chores? \_\_\_\_\_

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

