

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT QUESTIONNAIRE FOR AGES
11-15

NAME _____ AGE _____ DATE _____

E. What grade are you in? _____ Do you like school? Yes _____ No _____

If no, why not? _____

How are your grades? Good _____ Fair _____ Bad _____

Have you repeated a grade? _____

Do you get in trouble at school? _____

H. Do you like living at home? _____

H. Do you have chores you are responsible for at home? Yes _____ No _____

What are they? _____

H. Is it easy for you to fall asleep? _____ Do you sleep all night? _____

A. What do you like to do? _____

A. What are your future goals in life? _____

S. What do you like to do with your friends?

S. What are three things you do to keep you safe?

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D. (CRAFFT)

Please answer these questions honestly; your answers will be kept confidential.

During the PAST 12 MONTHS, did you:

1. Drink any alcohol? Yes ____ No ____
2. Smoke any marijuana or hashish? Yes ____ No ____
3. Use anything else to get high? Yes ____ No ____

Have you EVER ridden in a car driven by someone who was high or had been using alcohol or drugs? Yes ____ No ____

S. Has anyone forced you to have sex when you didn't want to? Yes ____ No ____

S. Have you ever had sex? Yes ____ No ____

Do you have any questions for, or anything you would like to talk to the doctor about?

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PEDIATRIC SYMPTOM CHECKLIST

	Do you or does your child :	N E V E R 0	S O M E 1	O F T E N 2			N E V E R 0	S O M E 1	O F T E N 2
1	complain of aches / pains				19	down on yourself			
2	spend more time alone				20	visit doctor with doctor finding nothing wrong			
3	tire easily or have little energy				21	have trouble sleeping			
4	get fidgety or have trouble sitting still				22	worry a lot			
5	have trouble with a teacher				23	want to be with "parent" more			
6	seem less interested in school				24	feel like you are bad			
7	act as if driven by a motor				25	take unnecessary risks			
8	daydream too much				26	get hurt frequently			
9	get distracted easily				27	seem to be having less fun			
10	seem afraid of new situations				28	act younger than you are			
11	feel sad or unhappy				29	not listen to rules			
12	seem irritable, angry				30	do not show feelings			
13	feel hopeless				31	not understand other peoples feelings			
14	have trouble concentrating				32	tease others			
15	seem less interested in friends				33	blame others for your troubles			
16	fight with others				34	take things that do not belong to you			
17	have absences from school				35	refuse to share			
18	have school grades dropping								
	XXXXXXXXXXXXXXXX	X	X	X	X	XXXXXXXXXXXXXXXX	X	X	X
	SUM					TOTAL			

Name: _____

DOB: _____