

# Parent Questionnaire

---

Patient Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you concerned that your teen is? (circle all that apply):

- |  |  |
|--|--|
| Sad  | Lying  |
| Suicidal                                     | Stealing   |
| Self harming/cutting/burning                 | Cheating   |
| Hallucinating (hearing voices/seeing things) | Sneaking out at night                              |
| Anxious/worried                              | Abusing alcohol                                    |
| Perfectionistic                              | Abusing illegal drugs                              |
| Overly concerned about Germs                 | Abusing prescription drugs                         |
| Overly concerned about Health/Death          | Refuses to accept direction/instruction            |
| Overly concerned about Justice               | Will not accept the word NO                        |
| Isolates                                     | Has poor boundaries                                |
| Prefers to stay home                         | Easily influenced by peers                         |
| Refuses to leave his/her room                | Has an explosive temper                            |
| Refuses to do daily hygiene                  | Poor anger control                                 |
| Refuses to go to school                      | Having conflicts with peers/parents/teachers       |
| Has panic attacks                            | Being bullied/threatened by peers/teachers/coaches |
| Unable to sleep                              | Being bullied/threatened by parents/siblings       |
| Sleeps too much                              | Bullies/threatens peers/siblings/parents/teachers  |
| Hostile                                      | Hurts/kills animals                                |
| Paranoid                                     | Sets Fires   |
| Failing school                               | Involved with criminal activity/gang activity      |
| Secretive                                    | Has been physically assaulted/threatened           |
| Sexually active                              | Has been sexually assaulted/molested/threatened    |
| Pregnant                                     | Seeking out strangers on the internet              |

Engaged in risk taking behaviors \_\_\_\_\_

My teen is having trouble dealing with \_\_\_\_\_

Other concerns \_\_\_\_\_