

CENTER FOR COGNITIVE THERAPY

**Adolescent Self-Report Form**

**Instructions:** *In order for your therapist to better understand your situation, please fill out this form as clearly as you can. PLEASE PRINT YOUR ANSWERS.*

**Identifying Information**

*These questions give general information about you.*

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

1. Age: \_\_\_\_\_ 2. Current grade level: \_\_\_\_\_ 3. Name of Current School: \_\_\_\_\_

4. Address: \_\_\_\_\_  
street city state zip code

5. Home Phone: \_\_\_\_\_ 6. Cell Phone: \_\_\_\_\_

**Self**

*People are complicated. This question is just a first step in understanding who you are.*

7. Please give a brief description of yourself including your good points and bad points: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family**

*Everybody's family situation is different. These questions will help us understand your family situation.*

8. Are your parents separated? \_\_\_ Yes \_\_\_ No 9. If yes, for how long? \_\_\_\_\_

10. If you have stepparents, please fill in the following:  
Stepfather's name: \_\_\_\_\_  
Stepmother's name: \_\_\_\_\_

11. Describe each parent's good points and bad points:  
Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Stepfather: \_\_\_\_\_  
Stepmother: \_\_\_\_\_

40. Describe any problems or difficulties related to friendships or dating relationships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of Concern**

*At times everybody experiences problems. These next questions are about problems that you may be experiencing or are concerned about.*

41. Please check off all areas of concern:

- |  |   |
|--|---|
| <input type="checkbox"/> Sadness   | <input type="checkbox"/> Eating related problems            |
| <input type="checkbox"/> Nervousness and Worry                           | <input type="checkbox"/> Sleep difficulties                 |
| <input type="checkbox"/> Tired all the time                              | <input type="checkbox"/> Anger outbursts                    |
| <input type="checkbox"/> Difficulties with attention and staying focused | <input type="checkbox"/> Feeling out of control             |
| <input type="checkbox"/> Shyness   | <input type="checkbox"/> Poor school attendance             |
| <input type="checkbox"/> Not fitting in with other kids                  | <input type="checkbox"/> Poor grades                        |
| <input type="checkbox"/> Loneliness                                      | <input type="checkbox"/> Legal problems                     |
| <input type="checkbox"/> Conflict with parents                           | <input type="checkbox"/> Concerns about alcohol or drug use |
| <input type="checkbox"/> Conflict with brothers or sisters               |   |
| <input type="checkbox"/> Other (Please describe symptoms): _____         |   |
| <input type="checkbox"/> Unsure (Please describe symptoms): _____        |   |

42. Describe in your own words any problems or difficulties you think you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Under what conditions are your problems worse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Under what conditions are they better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. What types of things would have to change to make your life better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Additional information that you think might be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Outside of School

These questions are about your life outside of school.

23. List the types of things you do after school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. What types of things do you do in the evenings? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. What time do you usually go to bed on weeknights? \_\_\_\_\_ 26. On weekends? \_\_\_\_\_

27. On a typical day, how many hours do you spend on each activity?

Watching TV: \_\_\_\_\_ Working on the computer: \_\_\_\_\_  
 Playing video games: \_\_\_\_\_ Listening to music: \_\_\_\_\_

28. Do you currently work? \_\_\_ Yes \_\_\_ No If yes, describe your present job: \_\_\_\_\_  
 \_\_\_\_\_

29. What gets you in trouble outside of school? \_\_\_\_\_  
 \_\_\_\_\_

30. Briefly describe any special hobbies or interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Friends

These questions are about your social connections.

31. Do you have close friends? \_\_\_ Yes \_\_\_ No 32. If yes, how many? \_\_\_\_\_

33. Do you spend time with friends outside of school? \_\_\_ Yes \_\_\_ No

34. Do you have difficulty making friends? \_\_\_ Yes \_\_\_ No 35. Difficulty keeping friends? \_\_\_ Yes \_\_\_ No

36. Are you a shy person? \_\_\_ Yes \_\_\_ No 37. Do you get nervous around other kids your age: \_\_\_ Yes \_\_\_ No

38. Do you have a boyfriend or girlfriend? \_\_\_ Yes \_\_\_ No

39. List all your dating relationships and how long they have lasted:

Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____
Name: _____	Length of Dating Relationship: _____

12. Provide the names, ages, and description of each brother/sister (and stepbrother or sister):

Age: _____	Name: _____	Good/bad points: _____
Age: _____	Name: _____	Good/bad points: _____
Age: _____	Name: _____	Good/bad points: _____
Age: _____	Name: _____	Good/bad points: _____
Age: _____	Name: _____	Good/bad points: _____
Age: _____	Name: _____	Good/bad points: _____

13. Describe any problems or difficulties with family members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School**

*These questions provide information about how things are going in school.*

14. How many schools have you attended? \_\_\_\_\_

15. What subjects do you like the best? \_\_\_\_\_  
\_\_\_\_\_

16. List subjects that you do not do well in? \_\_\_\_\_  
\_\_\_\_\_

17. What kind of grades do you usually get? \_\_\_\_\_  
\_\_\_\_\_

18. What gets you in trouble at school? \_\_\_\_\_  
\_\_\_\_\_

19. Have you ever repeated a year/grade? \_\_\_ Yes \_\_\_ No

20. Have you ever been in a special class of any kind? \_\_\_ Yes \_\_\_ No

21. List any school activities that you are involved in (sports teams, clubs, music, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Describe any problems or difficulties related to school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_