

TEEN QUESTIONNAIRE SELF REPORT

Confidential

Information requested on this questionnaire will aid us in understanding your problems. We would appreciate you filling it out carefully and fully. Please feel free to add as much information as you want. You may use the backs of pages if necessary.

Name _____ Date _____

Age _____ Sex _____ School _____ Grade _____

In the next section please describe yourself in regard to each of the following aspects of thinking, feeling, or behavior. Describe the situation before the accident or illness on the left and the recent or current on condition on the right. *If the condition is one that you have had all of your life, then only complete the column on the left side of the page. Example: ADHD or learning problems.*

Before the accident or illness

Recently and currently

Concentration

Energy and activity level

Depression

Elation and other types of high mood

Sleep

Anger or Anger Control Problems

Agitation or Irritability

Before the accident or illness

Recently and currently

Running Away or Oppositional Behavior

Appetite for food

Sexual behavior and sexual interest

Consumption of alcohol and other drugs

Hearing

Vision and other aspects of sight

Ability to find way around - Spatial ability

Headaches

Pains other than in the head

Fatigue

Understanding what you hear

Your ability to finding words when you know what you want to say

Before the accident or illness

Recently and currently

Your memory for things people say or things you need to do

Imagery and memory for faces

Reading

Calculating – performing math problems

School work

Playing or listening to music

Motor behavior - skillful activity

Unusual sensations or strange experiences

Ability to relax and experience pleasure

Social behavior - being with people

**Please use the back page for additional information which you think would be helpful.
If another person assisted in completing this form, please enter appropriate information below.**

Name _____

Relationship to client _____

Address _____

Phone _____