

Bluestem Center for Child and Family Development
Young Patients Questionnaire-Kids aged 11 and under

Your Name: _____

Today's Date: _____

We see all kinds of teens and children with many different reasons for coming. Some are here because a parent or other adult forced them to come – some are here because they want help for a problem. Either way, it's important for us to get to know each other. Please answer these questions as honestly as you can.

Let's Talk About How You Came to Bluestem:

How do you feel about being here? Did you want to come?

Whose idea was it to see a doctor or therapist at Bluestem? How did it happen?

Why are you (or the adults in your life) looking for help now?

What are the main stresses in your life? (Circle your top three)

- | | | | |
|----------------------|--------------|-----------------|-----------------------|
| School grades | Homework | Teachers | Friends |
| Bullies | Internet | Parents | Brothers & Sisters |
| Job | Money | Fighting/Temper | Problems with the law |
| Girlfriend/Boyfriend | Medicines | Health | Rules at home |
| Alcohol/Drugs | Gangs | Feeling crazy | Mood |
| Eating | Reputation | Sports | Sleep |
| Schedule | Other: _____ | | |

We offer lots of ways to help people – What might help you? (Check as many as apply.)

- | | |
|--|---|
| <input type="checkbox"/> Talk about problems with a doctor | <input type="checkbox"/> Learn to control emotions |
| <input type="checkbox"/> Learn to relax | <input type="checkbox"/> Get rid of nightmares |
| <input type="checkbox"/> Learn to make and keep friends | <input type="checkbox"/> Learn to be better organized |
| <input type="checkbox"/> Learn to stand up for myself | <input type="checkbox"/> Get rid of a bad habit |
| <input type="checkbox"/> Learn to stop fighting | |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> I don't think you can help me. |
| <input type="checkbox"/> Get medicines to help: Mood | Worry |
| | Sleep |
| | Temper |
| | Focus |

Have you worked with professionals like us before? YES NO If yes, circle where:

At doctor's office At school At a mental health clinic At church

If you have, what helped?

What didn't help?

What should we know about you before we start?

Tell us about your situation:

Who else lives with you?

If your parents are divorced, how often do you see your other parent?

Who lives there?

Do you have any pets?

Have you had to move in your life? YES NO From where?

What do your parents say about you?

Besides your parents, who knows you well? Who understands you?

Tell us about your school:

Where do you go to school now?

What grade are you in?

Is the school work: Too hard Too easy About right Depends

What are the kids like at your school?

Have you ever been in trouble at school? For what?

What do kids say about you at school? (What's your reputation?)

Are you involved in after school activities, private lessons, clubs, scouting, or sports?
Which ones? (circle as many as apply)

Sports

Music

Clubs

Basketball

Band

Speech

Dance

Choir

Drama

Cheerleading

Orchestra

Chess

Swimming

Private lessons

4H

Hockey

Piano

Computer

Volleyball

Language

LaCrosse

Service

Football

Boy/Girl Scouts

Baseball

Track

Soccer

Other:

Other:

Other:

Hobbies (things you like to do on your own):

Tell us about your spirituality:

Does your family go to a church or temple? Never Sometimes Weekly

Name: _____

Are you in any groups at your church like choir, youth group, or confirmation?
What?

How important is religion to you? Very Somewhat Not at all

What helps you feel close to God?

What else do you care about?

Who are your friends?

When do you see your friends?

What do you do with your friends?

Do they come to your house?

Do you go to camp in the summer? What camps have you been to?

What do you collect?

What do you do with your free time?

If there was an emergency like a flood, and you could save only a few of your favorite things or treasures, what would you save?

Favorite television show?

Favorite book?

Favorite music/ music groups/radio stations?

Favorite movie?

Who is your favorite superhero?

Circle the character who is most like you:

Tigger

Rabbit

Piglet

Eeyore

Pooh

Miss Piggy

What are you most proud of? What is your greatest achievement?

What is the best thing about you?

What is the worst thing that has happened to you?

What would you like to see or do in life?

If you had Aladdin's lamp, and the genie granted you three wishes, what would they be?
(No fair asking for more wishes – we've heard that one before!)

1.

2.

3.

It helps to know where we're heading:

How will your life be different when things get better?

What would you like your life to be like next year?

What do you want to be when you grow up?