

Bluestem Center for Child and Family Development
Young Patients Questionnaire-Kids aged 12 and over

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?

How can we help you?

Whose idea was it to see a doctor or therapist at Bluestem? Why now?

What are the main stresses in your life? (Circle your top 3)

- | | | | |
|----------------------|------------|-----------------|-----------------------|
| 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 |
| Eating | Reputation | Sports | Mood |
| Sleep | Schedule | Sex | 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 professional | <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 get along with people better | <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"/> Don't know | <input type="checkbox"/> I don't think you can help me. |
| <input type="checkbox"/> Get medicines to help: | Mood Tension 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 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?

How do your parents describe you?

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

Tell us about your school:

Where do you go to school?

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 group are you with at school?

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

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

Sports

- Basketball
- Dance
- Cheerleading
- Swimming
- Hockey
- Volleyball
- LaCrosse
- Football
- Baseball
- Track
- Soccer
- Other:

Music

- Band
- Choir
- Orchestra
- Private lessons
- Piano
- Other:

Clubs

- Speech
- Drama
- Chess
- 4H
- Computer
- Language
- Service
- Boy/Girl Scouts
- Other:

Hobbies (things you 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 God 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?

Do they come to your house?

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

Do you collect anything?

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 keep sakes, what would you save?

Favorite television show?	Favorite book?
Favorite music/music groups/radio stations?	Favorite movie?
Favorite website?	Favorite online/electronic game?
Who is your favorite superhero?	

What is your biggest achievement in life so far?

What big events or important people shaped 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.

Safety and Health Questions:

Do your friends: Smoke cigarettes? Use tobacco?

Do you smoke cigarettes or use tobacco products? How much?

Would you like help to quit?

Do you wear a seatbelt? Always Sometimes Never

Do you wear a helmet when bicycling, skateboarding, 4- wheeling, skiing, riding a horse?
 Always Sometimes Never

Are there any guns in your house? If yes, what kind? How are they stored?

The CRAFFT Screening Questionnaire

Please answer all questions honestly; your answers will be kept confidential

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

If you answered YES to ANY (A1, A2, A3), answer B1 to B6 below.

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No

Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Have you ever....

- Thought about suicide?
- Wished you could die?
- Thought about ways to kill your self?
- Tried to kill your self?
- Known anyone who killed themselves?
- Have you ever cut, burned, or otherwise hurt yourself on purpose?

Have you ever been stalked, harassed, bullied, or attacked?

Have you or anyone in your family been abused?

Have you had sex?

Do people in your family push, hit, kick, or shove each other?

Do people in your family swear at each other or call each other names?

Are you worried about any of your friends hurting themselves or being abused?

It helps to know where we're heading:

How will your life be different when things get better?

How would you like your life to be next year?

How would you like your family to change?

What are your goals for after high school?

What do you want to be when you grow up?

Life Stressors Rating Index for Children and Adolescents	
<p>Instructions: Circle the value (e.g. My favorite pet died—100) next to each life event that you have experienced during the past year (12 months). When you are finished, add up all of the numbers you circled in the right-hand column and enter the total in the box marked “TOTAL” at the bottom of the page.</p>	
Life Event	Value
1. One of my parents died	100
2. My parents got divorced	73
3. My parents separated (they don't live together anymore).	65
4. I moved into a residential treatment center, group of foster home.	63
5. One of my close family members died (e.g. sibling, grandparent, etc)	63
6. I was hospitalized for a serious injury or illness	53
7. One or both of my parents got married	50
8. I got suspended or expelled from school	47
9. One of my parents is in jail.	45
10. My parents got back together after being separated	45
11. One of my parents or siblings has been hospitalized	44
12. There is a new baby or a new adopted sibling in my family.	40
13. I have been anxious about sex	39
14. One or both of my parents lost their jobs	39
15. There are money problems at home	38
16. One of my close friends died	37
17. My parents argue more	35
18. I argue more with my parents	35
19. I have more responsibilities at school	29
20. One of my siblings is going away to college or a new school	29
21. My family argues with my grandparents	29
22. I won school or community awards	28
23. One or both of my parents started a new job	26
24. The community I live in has become more unsafe	25
25. I don't dress the same, have the same friends, or act the same as I did last year	24
26. There is a lack of communication with my parents	23
27. My school hours and schedule has changed	20
28. My family moved or is moving to a new home	20
29. I have a new school	20
30. I am involved in new activities, hobbies, or sports	19
31. I am more involved in church; or I am less involved in church	19
32. There has been a change in my sleeping habits (a lot more or a lot less sleep	15
33. There has been a change in my eating habits, diet, or type of meals I eat	15
34. I have broken home, school or community rules	11

Low stress	Medium to High Stress	Extreme Stress (Usually Expressed Symptomatically)
(Only about 30% get sick in the near future)	(About 50% get sick in the near future)	(About 80% get sick in the near future)
< 150	150-300	≥300