

The Fort Christian Psychiatric Center / Child & Adolescent Questionnaire

Today's Date: \_\_\_\_\_ Your name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Describe the problem(s) as you see it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the problem(s) as your parents see it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are things WORSE than how everyone else sees them? Yes No If YES, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are things BETTER than everyone says? Yes No If YES, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you confided in anyone about the problem(s)? Yes No Who? \_\_\_\_\_  
\_\_\_\_\_

Was it ok with you to come here today? \_\_\_\_\_

Do you know why you are here? Yes No Why? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been in counseling/therapy before? Yes No Did it help? Yes No  
Did you feel comfortable talking with the counselor/therapist? Yes No  
Why or why not? \_\_\_\_\_  
What is/was their name? \_\_\_\_\_

Do you know what kind of doctor a psychiatrist is? Yes No Have you ever seen a psychiatrist before? Yes No  
If YES, why? \_\_\_\_\_

Did you take medication(s)? Yes No Did they help? Yes No If YES, what did they help with? \_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or worries about your mental health? Yes No  
If YES, what are your concerns? \_\_\_\_\_

1. I want to hurt myself right now True False
2. I am angry a lot of the time True False
3. I worry a lot more than other people True False
4. I think I am fat / need to lose weight True False
5. I have trouble focusing and paying attention True False
6. I have physically hurt myself by cutting/burning/biting, etc True False
7. I feel sad a lot / I feel like crying True False
8. People tease me / make fun of me True False
9. I have secret(s) True False
10. I drink alcohol and/or use drugs to help me feel better True False
11. I think about death a lot True False
12. I am / I have been in trouble at school True False
13. I do not sleep well / I have nightmares True False
14. I act BEFORE I think, which gets me into trouble True False

15. I hear voices no one else hears True False
16. I see things/visions no one else sees True False
17. I am worried about my family (health, safety, money, etc) True False
18. I do not think I am smart True False
19. I have been forced to do things I did not want to do True False
20. I wish I were somebody else True False
21. I have a major problem with checking/hoarding/washing/counting/etc True False
22. Things I used to like to do are not fun anymore True False
23. I am afraid and fearful all the time for no reason True False
24. There things I am really good at doing True False
25. I often search the Bible to find/read Scriptures that make me feel better True False
26. There is no one I can to talk to about what really bothers me True False
27. I know that God loves me and has great plans for my life True False
- 28a. I have physically hurt other people True False
- 28b. I have physically hurt animals True False
29. Sometimes, I wish I were dead True False
30. I WISH I WERE DEAD RIGHT NOW! True False
31. I am attracted to: Boys Girls
32. No one cares whether I am around or not True False
33. It's pretty easy to talk to my parents about things that bother me True False
34. I have seen pornographic material True False
35. I do not like to be around other people True False
36. People think I'm weird / a freak True False
37. I have a close relationship with Jesus Christ True False
38. I am a follower not a leader True False
39. I am a bully True False
40. I tell lies about things a lot True False
41. I have a hard time getting along with other people True False
42. I have never had sex True False
43. Sometimes I get drunk True False
44. Sometimes I smoke marijuana True False
45. I have used other drugs True False If TRUE, name them: \_\_\_\_\_
46. I have a good life True False
47. I am afraid to go to school True False
48. I have a bright future True False
49. I have a hard time controlling my emotions, which gets me into trouble True False
50. I have been in a situation where I feared that my life, or someone else's life, was about to be taken True False
51. I have tried / am trying witchcraft, covens, or anything else in the occult True False
52. I read/have read tarot cards and/or someone else did it to me True False
53. I have gone to a fortune-teller / believe in fortune telling True False
54. I have gone to a palm-reader / believe in palm-reading True False
55. I have used and/or use Ouija board games or games like it True False
56. I have participated in and/or still participate in séances or things like it True False
57. I have placed spells, curses, hoaxes and/or voodoo on people True False
58. Others have placed spells, curses, hoaxes and/or voodoo on me True False
59. I have practiced or still practice yoga True False
60. I engage in chants and other Eastern religious practices (Buddhism, Hinduism, etc) True False
61. I believe in astrology and follow or have followed horoscopes True False
62. I have a hard time forgiving people True False
63. Do you struggle with any of the following? Resentment Y N Bitterness Y N Hatred Y N Revenge Y N Gossip Y N
64. I have taken medication that was not mine in order to get high True False
65. I have stolen things from people True False
66. I have stolen things from stores True False
67. I have gotten so mad that I have hurt people and/or broken things True False

**Who lives in your house? Please write the name, age, and relationship to you.** (ie: parent, step parent, full brother/sister, half brother/sister, adopted siblings, grandparent, aunt, cousin, friend, etc)

Name	Age	Relationship to you	Do you get along with them?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What school do you go to? \_\_\_\_\_ Grade level: \_\_\_\_\_

How are your grades? Excellent (A) Good (B) Ok (C) Bad (D) Failing (F)

How do you like school? Love it It's ok Hate it

Do you have friends? Tons of them A few None Want more? Yes No Have a best friend? Yes No

Are there things that bother you at school? Yes No What? \_\_\_\_\_

What do you like to do for fun? \_\_\_\_\_

What are things like at home? Good Safe Scary Uncomfortable Annoying Fun Loving Unsafe Abusive

Are there things that bother you at home? Yes No What? \_\_\_\_\_

Who makes the rules at home? \_\_\_\_\_ Are the rules clear or confusing? Clear Confusing

How are you punished at home? \_\_\_\_\_

Do you have regular chores and responsibilities at home? Yes Sometimes No

If YES/SOMETIMES, what are they? \_\_\_\_\_

Do you get an allowance? Yes Sometimes No How much and how often? \_\_\_\_\_

Do you have a curfew? Yes No What is your curfew? \_\_\_\_\_

Do you sleep over at friends'? Yes No Do you have friends sleep over at your house? Yes No

Do you go to church? Every week Often Now and then Never

What is the name of your church? \_\_\_\_\_

Do you like going to church? Yes No If you had a choice, would you still go? Yes No

Do you believe that Jesus died on the cross for our sins? Yes No Not sure

Do you believe that The Bible is real and true? Yes No Not sure

Do you have your own relationship with God and Christ? Yes No Not sure

Do you know what it means to be "born again" or "saved"? Yes No Not sure

Are you "born again" or "saved"? Yes No Not sure

Do you belong to any youth groups at church? Yes No Which ones? \_\_\_\_\_

Do you have a favorite verse of Scripture from The Bible? Yes No

If yes, what is it? \_\_\_\_\_

Are you involved in activities outside of school? Yes No Which ones? \_\_\_\_\_

What do you like about yourself? \_\_\_\_\_

What do you like about your life? \_\_\_\_\_

Has anyone EVER done anything to you that made you feel uncomfortable? Yes No

If YES, please describe:

What changes would you like to see in your life? \_\_\_\_\_

Are you willing to do the work it takes to make these changes happen? Yes No

Signed: \_\_\_\_\_ Today's date: \_\_\_\_\_