

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 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 \_\_\_

Was there anything bad about it? \_\_\_\_\_

What was good about it? \_\_\_\_\_

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 \_\_\_
28. Somebody broke my heart      True \_\_\_ False \_\_\_
29. I have physically hurt other people and/or animals      True \_\_\_ False \_\_\_
30. Sometimes, I wish I were dead      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\_\_\_

**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 are things like at home? \_\_\_\_\_

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

How are your grades?    Excellent \_\_\_    Good \_\_\_    Ok \_\_\_    Bad \_\_\_    Failing \_\_\_  
 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? \_\_\_\_\_

Are there things that bother you at home? \_\_\_\_\_

Who makes the rules at home? \_\_\_\_\_

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

Do you understand what is expected of you at home? \_\_\_\_\_

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 when? \_\_\_\_\_

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? 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? \_\_\_\_\_

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?

Looking at you? Yes \_\_\_ No \_\_\_ Touching you? Yes \_\_\_ No \_\_\_

Saying things? Yes \_\_\_ No \_\_\_ Other things? Yes \_\_\_ No \_\_\_ What other things? \_\_\_\_\_

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 \_\_\_

Are there things that you do NOT want us to discuss with your parents? Yes \_\_\_ No \_\_\_

If YES, why not? \_\_\_\_\_

What things don't you want to discuss with them? \_\_\_\_\_

Signed: \_\_\_\_\_

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