

Therapist ID:

Session #:

Date:

Client #:

Name:

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

Family Adolescent Intake

The first section will focus on individual depression and anxiety over the last 2 weeks. All information is confidential.

	<i>All the time</i>	<i>Most times</i>	<i>More than half the time</i>	<i>Less than half the time</i>	<i>Some- times</i>	<i>At no time</i>
1. Have you felt low in spirits or sad?	5	4	3	2	1	0
2. Have you lost interest in your daily activities?	5	4	3	2	1	0
3. Have you felt lacking in energy and strength?	5	4	3	2	1	0
4. Have you felt less self- confident?	5	4	3	2	1	0
5. Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
6. Have you felt that life wasn't worth living?	5	4	3	2	1	0
7. Have you had difficulty in concentrating, e.g. when	5	4	3	2	1	0
reading the newspaper or watching TV?						
8. (A) Have you felt very restless	5	4	3	2	1	0
(B) Have you felt subdued or slowed down?	5	4	3	2	1	0
9. Have you had trouble sleeping at night?	5	4	3	2	1	0
10. (A) Have you suffered from reduced appetite?	5	4	3	2	1	0
(B) Have you suffered from increased appetite?	5	4	3	2	1	0

	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying.....	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing.....	0	1	2	3
5. Being so restless that it is hard to sit still.....	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen.....	0	1	2	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
8. How difficult have these problems made it for you to do your work, take care of the home, or get along with others?.....	0	1	2	3

Using the following key, how often did **YOU** do the following during the past four weeks?

	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
	<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3-5 Times</i>	<i>6-10 Times</i>	<i>11-20 Times</i>	<i>More than 20 Times</i>	<i>Happened but Not in Past Year</i>
1. Threw something (but not at a family member) or smashed something.....	0							
2. Threatened to hit or throw something at a family member.....	0							
3. Threw something at family member	0							
4. Pushed, grabbed, or shoved a family member	0							
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard	0							
6. Hit (or tried to hit) a family member with something hard	0							

Using the same key as above, how often did **YOUR PARENTS** do the following during the past four weeks?

1. Threw something (but not at a family member) or smashed something.....	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member.....	0	1	2	3	4	5	6	7
3. Threw something at family member	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard	0	1	2	3	4	5	6	7

The next section will focus on change.

Please indicate the extent to which you tend to agree or disagree with each statement as a description of you right now.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I am doing something about the problems that have been bothering me	1	2	3	4	5
2. I am really working hard to change	1	2	3	4	5
3. I wish I had more ideas on how to solve the problem	1	2	3	4	5
4. I have started working on my problems but I would like help	1	2	3	4	5
5. Maybe this place will be able to help me	1	2	3	4	5
6. I may be part of the problems, but I don't really think I am.....	1	2	3	4	5
7. I hope that someone here will have some good advice for me.....	1	2	3	4	5
8. Anyone can talk about changing; I'm actually doing something about it.....	1	2	3	4	5
9. All this talk about psychology is boring. Why can't people just forget about problems?	1	2	3	4	5 their
10. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
11. I am actively working on my problem.....	1	2	3	4	5
12. I would rather cope with my faults than try to change them	1	2	3	4	5

Please circle the most accurate answer applicable for your intimate partner relationship for the last month.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. All I see ahead of me are bad things, not good things	1	2	3	4
2. There's no use in really trying to get something I want because I probably won't get it.....	1	2	3	4
3. I might as well give up because I can't make things better for myself	1	2	3	4
4. I don't have good luck now and there's no reason to think I will when I get older	1	2	3	4
5. I never get what I want, so it's dumb to want anything.....	1	2	3	4
6. I don't expect to live a very long life.....	1	2	3	4

The next section will focus on your behavior in the family.

Please rate the degree to which you have experienced the following problems in the past 30 days.

	<i>Not at All</i>	<i>Once or twice</i>	<i>Several times</i>	<i>Often</i>	<i>Most of the time</i>	<i>All of the time</i>
1. Arguing with others.....	0	1	2	3	4	5
2. Getting into fights.....	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask.....	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing).....	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying.....	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy.....	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen.....	0	1	2	3	4	5
18. Feeling sad or depressed.....	0	1	2	3	4	5
19. Nightmares.....	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Please rate the degree to which your problems affect your current ability in everyday activities.

	<i>Extreme troubles</i>	<i>Quite a few troubles</i>	<i>Some troubles</i>	<i>OK</i>	<i>Doing very well</i>
1. Getting along with friends.....	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art).....	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs.....	0	1	2	3	4
14. Feeling good about self.....	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions.....	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings.....	0	1	2	3	4

Please indicate the extent to which the statement describes **your family right now**.

	<i>Describes us... very well</i>	<i>well</i>	<i>partly</i>	<i>not well</i>	<i>not at all</i>
1. In my family we talk to each other about things which matter to us.....	1	2	3	4	5
2. People often don't tell each other the truth in my family	1	2	3	4	5
3. Each of us gets listened to in our family.....	1	2	3	4	5
4. It feels risky to disagree in our family	1	2	3	4	5
5. We find it hard to deal with everyday problems.....	1	2	3	4	5
6. We trust each other	1	2	3	4	5
7. It feels miserable in our family	1	2	3	4	5
8. When people in my family get angry they ignore each other on purpose	1	2	3	4	5
9. We seem to go from one crisis to another in my family.....	1	2	3	4	5
10. When one of us is upset they get looked after within the family	1	2	3	4	5
11. Things always seem to go wrong for my family	1	2	3	4	5
12. People in the family are nasty to each other	1	2	3	4	5
13. People in my family interfere too much in each other's lives	1	2	3	4	5
14. In my family we blame each other when things go wrong.....	1	2	3	4	5
15. We are good at finding new ways to deal with things that are difficult	1	2	3	4	5

Indicate how much you agree or disagree with each statement as a self-description.

	<i>Never true</i>	<i>Seldom true</i>	<i>Sometimes true</i>	<i>Always true</i>
1. I have a hard time controlling my temper.....	1	2	3	4
2. I get so frustrated I feel ready to explode	1	2	3	4
3. I get upset easily	1	2	3	4
4. I am afraid I will lose control over my feelings.....	1	2	3	4

	<i>Never true</i>	<i>Seldom true</i>	<i>Sometimes true</i>	<i>Always true</i>
5. I slam doors when I am mad.....	1	2	3	4
6. I get distracted by little things	1	2	3	4
7. I get fidgety after a few minutes if I am supposed to sit still.....	1	2	3	4
8. I have a hard time sitting still during important tasks	1	2	3	4
9. I find that I bounce my legs or fiddle with objects	1	2	3	4

Using the following key, please indicate the extent to which each statement is true about your mother and father.

	1	2	3	4	5					
	Almost never or never true	Not true very often	Sometimes true	Often true	Almost always or always true					
	<u>Mother</u>					<u>Father</u>				
1. My mother/father respect(s) my feelings.....	1	2	3	4	5	1	2	3	4	5
2. I feel my mother/father does a good job as my mother/father.....	1	2	3	4	5	1	2	3	4	5
3. I wish I had a different mother/father	1	2	3	4	5	1	2	3	4	5
4. My mother/father accept(s) me as I am	1	2	3	4	5	1	2	3	4	5
5. I like to get my mother's/father's point of view on things I am concerned about.....	1	2	3	4	5	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother/father	1	2	3	4	5	1	2	3	4	5
7. My mother/father can tell when I'm upset about something	1	2	3	4	5	1	2	3	4	5
8. Talking over my problems with my mother/father makes me feel ashamed or foolish .	1	2	3	4	5	1	2	3	4	5
9. My mother/father expects too much from me	1	2	3	4	5	1	2	3	4	5
10. I get upset easily around my mother/father	1	2	3	4	5	1	2	3	4	5
11. I get upset a lot more than my mother/father knows about	1	2	3	4	5	1	2	3	4	5
12. When we discuss things, my mother/father cares about my point of view	1	2	3	4	5	1	2	3	4	5
13. My mother/father trusts my judgment	1	2	3	4	5	1	2	3	4	5
14. My mother/father has her/his own problems, so I don't bother him/her with mine	1	2	3	4	5	1	2	3	4	5
15. My mother/father helps me to understand myself better	1	2	3	4	5	1	2	3	4	5
16. I tell my mother/father about my problems and troubles	1	2	3	4	5	1	2	3	4	5
17. I feel angry with my mother/father	1	2	3	4	5	1	2	3	4	5
18. I don't get much attention from my mother/father	1	2	3	4	5	1	2	3	4	5
19. I talk to my mother/father about my difficulties.....	1	2	3	4	5	1	2	3	4	5
20. My mother/father understand(s) me	1	2	3	4	5	1	2	3	4	5
21. When I am angry about something, my mother/father tries to be understanding.....	1	2	3	4	5	1	2	3	4	5
22. I trust my mother/father	1	2	3	4	5	1	2	3	4	5
23. My mother/father doesn't understand what I am going through these days.....	1	2	3	4	5	1	2	3	4	5
24. I can count on my mother/father when I need to get something off my chest	1	2	3	4	5	1	2	3	4	5
25. If my mother/father knows something is bothering me, she/he asks me about it.....	1	2	3	4	5	1	2	3	4	5
26. I get frustrated with my mother/father	1	2	3	4	5	1	2	3	4	5
27. I don't like being around my mother/father.....	1	2	3	4	5	1	2	3	4	5
28. I am constantly yelling and fighting with my mother/father	1	2	3	4	5	1	2	3	4	5
29. When I feel sad and lonely, I spend time with my mother/father.....	1	2	3	4	5	1	2	3	4	5
30. I don't like my mother/father to be near me	1	2	3	4	5	1	2	3	4	5
31. I need a lot of reassurance that my mother/father loves me	1	2	3	4	5	1	2	3	4	5
32. Sometimes I act upset so my mother/father will comfort me.....	1	2	3	4	5	1	2	3	4	5

The next section will focus on health and sleep. Would you be willing to report your:

Height: _____ **Weight:** _____

- In general, would you say your Health is: *Excellent* *Very Good* *Good* *Fair* *Poor*
- Are you limited in any of the following activities due to HEALTH problems:
 - Doing things that take some energy such as riding a bike or skating *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*

- b. Bending, lifting, or stooping? *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*
3. Are you limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health?
Yes, limited a lot *Yes, Limited Some* *Yes, limited a little* *No, not at all*
4. Are you limited in the KIND of schoolwork or activities with friends he/she could do
Yes, limited a lot *Yes, Limited Some* *Yes, limited a little* *No, not at all*
5. How much bodily pain or discomfort have you had?
None *Very Mild* *Mild* *Moderate* *Severe* *Very Severe*
6. How satisfied do you feel about your friendships?
Very satisfied *Somewhat satisfied* *Neither satisfied Nor dissatisfied* *Somewhat dissatisfied* *Very dissatisfied*
7. How satisfied do you feel about your life overall?
Very satisfied *Somewhat satisfied* *Neither satisfied Nor dissatisfied* *Somewhat dissatisfied* *Very dissatisfied*
8. How much of the time do you act bothered or upset?
All of the time *Most of the time* *Some of the time* *A little of the time* *None of the time*
9. Compared to other children your age, in general would you say your behavior is:
Excellent *Very good* *Good* *Fair* *Poor*
10. During the last month how many times have **you** visited medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physicians assistants or medical nurse practitioners as an outpatient? _____
11. During the last month how many nights have **you** stayed in a hospital? _____
12. Do **you** have a chronic illness? Circle the best answer. *NO* *YES* If yes, please specify: _____

How often during the past 4 weeks did you...

	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
1. Get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5
2. Awaken short breath or with a headache?	1	2	3	4	5
3. Have trouble falling asleep?	1	2	3	4	5
4. Awaken during your sleep time and have trouble falling asleep?	1	2	3	4	5
5. Have trouble staying awake during the day?	1	2	3	4	5
6. Get the amount of sleep you needed?	1	2	3	4	5

The section will focus on demographics.

1. Your age: _____ 2. Your Sex: _____ 3. Your Racial/Ethnic Group (Specify): _____
4. What is the highest level of education you attained? Circle the best answer.
A. Junior High School or less *B. GED/High School* *C. Vocational/Technical School*
5. What is your sexual orientation? _____

6. What is your current religious/spiritual preference? _____

7. Do you consider yourself to be: Circle best answer.

- A. *Not religious/spiritual* B. *Slightly religious/spiritual* C. *Moderately religious/spiritual*
D. *Very religious/spiritual* E. *Strongly religious/spiritual*

8. What spiritual/religious activities do you and your family do on a regular basis **together**? Circle all that apply.

- A. *Walk/Exercise* B. *Pray or Fast* C. *Attend worship services*
D. *Meditate* E. *Read Religious Books/Scriptures* F. *Observe Religious Holidays*
G. *Pray for Partner/Spouse* H. *Attend Spiritual/Religious Retreats* I. *Volunteer Religion/Community*

9. List any current physical health problems _____

10. List Prescription, herbal, or over-the-counter medications _____

11. If you have any current or previous experiences with counseling or therapy, provide the following information.

<u>Name of counselor or agency</u>	<u>Reason for counseling</u>	<u># of sessions</u>	<u>How helpful was counseling?</u>		
			<i>Not at all</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>
_____	_____	_____	1	2	3
_____	_____	_____	1	2	3

12. Please answer the following questions for the **family in which you now live.**

In <u>your family</u> , are there problems with:		<u>Frequency</u>			<u>Severity</u>		
		<i>Once</i>	<i>Some</i>	<i>Often</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
A.	Emotional Abuse: Swearing, insults, threats N/A	1	2	3	1	2	3
B.	Physical abuse: Slapping, hitting, throwing things N/A	1	2	3	1	2	3
C.	Sexual abuse: Being touched or touching someone sexually, forced sex N/A	1	2	3	1	2	3
D.	Emotional Neglect: Unloved, ignored, rejected N/A	1	2	3	1	2	3
E.	Physical Neglect: Not properly clothed, not fed, Not taken to doctor (not because you were too poor) N/A	1	2	3	1	2	3
F.	Mother Was Treated Violently: She was pushed, bit N/A slapped, kicked, punched, threatened with knife/gun	1	2	3	1	2	3
G.	Substance Use and Abuse: Alcohol Abuse, drug use, or Prescription abuse N/A	1	2	3	1	2	3
H.	Household Mental Illness: Depression, Mental Illness N/A	1	2	3	1	2	3
I.	Attempted Suicide or Suicide N/A	1	2	3	1	2	3
J.	Incarcerated Household Member N/A	1	2	3	1	2	3
K.	Parental Separation or Divorce N/A	1	2	3	1	2	3

13. How much did someone else pressure you to come for therapy? Circle the best answer.

Not at all A little pressure Somewhat pressured Quite pressured Very pressured

14. Starting with the most important, please list the problems that brought you to therapy?

A. _____ B. _____ C. _____

15. Do you consider the problems that brought you to therapy to be the responsibility of:

A. *Yourself* B. *Your parents* C. *Another family member*

16. Are you currently in counseling with one or more other therapists? Circle the best answer. YES NO