

Name:
Therapist ID:

Session:
Client #:

AUBURN MFT CLINIC: *Family Adolescent Intake*

This section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
1. Little interest or pleasure in doing things.....0	1	2	3	3
2. Feeling down, depressed, or hopeless.....0	1	2	3	3
3. Trouble falling or staying asleep, or sleeping too much.....0	1	2	3	3
4. Feeling tired or having little energy.....0	1	2	3	3
5. Poor appetite or overeating.....0	1	2	3	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.....0	1	2	3	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....0	1	2	3	3
8. Moving or speaking so slowly that other people could have noticed; Or being so fidgety or restless that you have been moving around a lot more than usual.....0	1	2	3	3
9. Thoughts that you would be better off dead, or of hurting yourself.....0	1	2	3	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
10. 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	3

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

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
18. 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	3

0	1	2	3	4	5	6	7
<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>

Using the following key, how often did **YOU** 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

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

How true are the following statements?

		1=Never	←————→	5=Very often	
		Almost never true		Always	
1. I enjoy doing things and talk with peers	1	2	3	4	5
2. I get into conversations with adults (e.g., teachers, staff) at the school	1	2	3	4	5
3. I share feelings and ideas with peers.....	1	2	3	4	5
4. I actively participate in topic clubs (e.g., political, history, science, honors)	1	2	3	4	5
5. I talk to teachers and staff about things other than class	1	2	3	4	5
6. I actively participate in the school newspaper or yearbook	1	2	3	4	5
7. I help other students who might need assistance (e.g., lost, sick, or hurt)	1	2	3	4	5
8. I ask questions in class when I don't understand the material	1	2	3	4	5
9. I actively participate in drama (e.g., school plays) or music (e.g., band).....	1	2	3	4	5
10. I express liking and caring for my friends	1	2	3	4	5
11. I actively participate in student government	1	2	3	4	5
12. I join in class discussions.	1	2	3	4	5
13. I am comfortable joking with teachers and staff	1	2	3	4	5
14. I actively participate in school sports/athletics (e.g., volleyball, track, football)	1	2	3	4	5

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

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

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

Height: _____ **Weight:** _____

1. 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? _____
2. During the last month how many nights have **you** stayed in a hospital? _____
3. Do **you** have a chronic illness? Circle the best answer. *NO* *YES* If yes, please specify: _____

How often during the <u>past 4 weeks</u> 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 including dosage and prescriber

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. Answer the following questions for your **current family in which you live**. SEVERITY = The IMPACT on YOU.

In your <u>childhood and family years</u> , were there problems with:		<u>Severity</u>		
		Mild	Moderate	Severe
1. Emotional Abuse: Swearing, insults, threats	N/A	1	2	3
2. Physical Abuse: Slapping, hitting, throwing things	N/A	1	2	3
3. Sexual Abuse: Being touched or touching someone sexually, forced sex	N/A	1	2	3
4. Emotional Neglect: Unloved, ignored, rejected.....	N/A	1	2	3
5. Physical Neglect: Not properly clothed, not fed, not taken to doctor (not due to poverty)	N/A	1	2	3
6. Mother Was Treated Violently: She was pushed, bit, slapped, kicked, punched, threatened with knife/gun	N/A	1	2	3
7. Substance Use and Abuse: Alcohol abuse, drug use, or prescription abuse.....	N/A	1	2	3
8. Household Mental Illness: Depression, mental illness	N/A	1	2	3
9. Attempted Suicide or Suicide	N/A	1	2	3
10. Incarcerated Household Member	N/A	1	2	3
11. Parental Separation or Divorce	N/A	1	2	3
12.				

In your <u>childhood and family years</u> , were there problems with:		<u>Frequency</u>		
		Once	Some	Often
1. Emotional Abuse: Swearing, insults, threats	N/A	1	2	
2. Physical Abuse: Slapping, hitting, throwing things	N/A	1	2	3
3. Sexual Abuse: Being touched or touching someone sexually, forced sex	N/A	1	2	3
4. Emotional Neglect: Unloved, ignored, rejected.....	N/A	1	2	3

