

DELAWARE COUNTY BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES  
FAMILY & CHILDREN SERVICES  
ADDICTION SERVICES



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DIRECTOR OF COMMUNITY SERVICES

ADOLESCENT QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1) Why are you here today? \_\_\_\_\_  
\_\_\_\_\_

2) Whose idea was it for you to come here today? \_\_\_\_\_

3) Do you think you need to be here? \_\_\_\_\_

4) Have you been ordered by court, probation or DSS to attend therapy? \_\_\_\_\_

5) Have you ever been seen by a therapist, psychiatrist, or school guidance counselor? \_\_\_\_\_  
If so was it helpful? Why or Why not? \_\_\_\_\_  
\_\_\_\_\_

6) How do you feel about your life, right now? \_\_\_\_\_

7) How do you feel about school? \_\_\_\_\_

8) Do you plan to graduate? \_\_\_\_\_

9) What do you plan to do when you get out of school? \_\_\_\_\_

10) How do you get along with your peers? \_\_\_\_\_

11) How do you get along with your teachers? \_\_\_\_\_

12) How do you get along with your parents? \_\_\_\_\_

13) How do you get along with siblings? \_\_\_\_\_

14) Do you use drugs or alcohol? \_\_\_\_\_ If, yes what and how often? \_\_\_\_\_  
\_\_\_\_\_

15) Are you sexually active? \_\_\_\_\_

*Continue onto the back*



16) Have you ever been physically or sexually abused? \_\_\_\_\_ If, yes by whom, and has this ever been reported? \_\_\_\_\_

17) Do you have any thoughts or feelings that concern you? \_\_\_\_\_

\_\_\_\_\_

18) Have you ever intentionally hurt yourself or thought seriously about it? \_\_\_\_\_

19) How do you think we can help you? \_\_\_\_\_

\_\_\_\_\_

20) What do you do for fun? \_\_\_\_\_

\_\_\_\_\_