

## Adolescent Questionnaire for Parents

This CONFIDENTIAL form is to be completed by the parent to help us better understand and care for your teen.

How does your teen relate to his parents? \_\_\_\_\_

How does your teen relate to his siblings? \_\_\_\_\_

Does your teen hold a part time job?.....Yes No

Does your teen have close friends that they hang out with when they have time?.....Yes No

Is your teen liked by their peers?.....Yes No

Is there any aspect of sex education/behavior you would like us to discuss?..... No Yes

Explain: \_\_\_\_\_

Is your teen absent more than 2 days of school a month?.....No Yes

Is your teen maintaining grades that you approve of?.....Yes No

Has your teen spoken about the possibility of dropping out of school?.....No Yes

Have you been advised by school authorities of conduct problems in school? .....No Yes

Has your teen been in trouble with the law?.....No Yes

Is your teen usually a happy person?.....Yes No

Are you concerned about your teens Sleeping habits? Eating habits? (which one).....No Yes

Do you have to discipline your teen frequently?.....No Yes

Has your teen used alcohol either at home or outside the home?.....No Yes

To your knowledge, has your teen tried drugs, tobacco, or vaping products?.....No Yes

Do you think your teen is sexually active?.....No Yes

Are you having marital problems?.....No Yes

Is your family under serious stress?.....No Yes

Do you have hassles with your teen over homework? Curfew? Privileges? Dating?.....No Yes

Other problems? \_\_\_\_\_

Are you concerned about your child's self image?.....No Yes

Do you participate as a family in outings? Religious worship? Community activities? (circle those that apply) No

Do you eat dinner regularly as a family as much as you can?.....Yes No

Do you approve of your teen's friends and do they spend time at your house?.....Yes No

What does your teen plan to do after high school or college? \_\_\_\_\_

To whom does your teen communicate concerns and/or frustrations? \_\_\_\_\_

Are you comfortable with how much time your teen uses the internet, social media, and texting?.....Yes No

Are you or someone you know "friends" with your teen on all of their social media accounts?.....Yes No

Is there anything else about your teen's behavior that you would like to discuss?

\_\_\_\_\_

