

## **Parent Issues Questionnaire**

Please **CIRCLE** the extent to which you are **CURRENTLY CONCERNED** about **EACH** of the following issues with your adolescent. Please respond to **EVERY** item.

EXTENT: 0 = none    1 = some    2 = much    3 = very much

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Motivation.....                          | 0 | 1 | 2 | 3 |
| 2. Relationship with parents/family .....   | 0 | 1 | 2 | 3 |
| 3. Relationship with friends.....           | 0 | 1 | 2 | 3 |
| 4. Independence.....                        | 0 | 1 | 2 | 3 |
| 5. Difficulty asserting self.....           | 0 | 1 | 2 | 3 |
| 6. Difficulty expressing feelings.....      | 0 | 1 | 2 | 3 |
| 7. Social skills.....                       | 0 | 1 | 2 | 3 |
| 8. Feeling isolated or lonely.....          | 0 | 1 | 2 | 3 |
| 9. Fear of close relationships.....         | 0 | 1 | 2 | 3 |
| 10. Dealing with anger.....                 | 0 | 1 | 2 | 3 |
| 11. Mood swings/irritability.....           | 0 | 1 | 2 | 3 |
| 12. Thoughts of harming others.....         | 0 | 1 | 2 | 3 |
| 13. Grief over loss.....                    | 0 | 1 | 2 | 3 |
| 14. Physical or sexual abuse.....           | 0 | 1 | 2 | 3 |
| 15. Emotional abuse.....                    | 0 | 1 | 2 | 3 |
| 16. Sex or sexuality.....                   | 0 | 1 | 2 | 3 |
| 17. Out of touch with feelings .....        | 0 | 1 | 2 | 3 |
| 18. Confused about beliefs or values.....   | 0 | 1 | 2 | 3 |
| 19. Difficulty making decisions.....        | 0 | 1 | 2 | 3 |
| 20. Dislikes self.....                      | 0 | 1 | 2 | 3 |
| 21. Self-identity.....                      | 0 | 1 | 2 | 3 |
| 22. Physical appearance/grooming.....       | 0 | 1 | 2 | 3 |
| 23. Anxiety, worry.....                     | 0 | 1 | 2 | 3 |
| 24. Stress, tension.....                    | 0 | 1 | 2 | 3 |
| 25. Specific fears or phobias.....          | 0 | 1 | 2 | 3 |
| 26. Obsessions/compulsions.....             | 0 | 1 | 2 | 3 |
| 27. Hallucinations/delusions.....           | 0 | 1 | 2 | 3 |
| 28. Paranoia.....                           | 0 | 1 | 2 | 3 |
| 29. Unhappy much of the time.....           | 0 | 1 | 2 | 3 |
| 30. Depression.....                         | 0 | 1 | 2 | 3 |
| 31. Crying/tearfulness.....                 | 0 | 1 | 2 | 3 |
| 32. Feeling unworthy, inferior, guilty..... | 0 | 1 | 2 | 3 |
| 33. Thoughts of harming self.....           | 0 | 1 | 2 | 3 |
| 34. Fatigue/low energy.....                 | 0 | 1 | 2 | 3 |
| 35. Alcohol.....                            | 0 | 1 | 2 | 3 |
| 36. Drugs.....                              | 0 | 1 | 2 | 3 |
| 37. Eating.....                             | 0 | 1 | 2 | 3 |
| 38. Weight.....                             | 0 | 1 | 2 | 3 |
| 39. Sleep.....                              | 0 | 1 | 2 | 3 |

- 40. Health/Physical Complaints..... 0 1 2 3
- 41. Financial/Legal problems..... 0 1 2 3
- 42. Hyperactivity..... 0 1 2 3
- 43. Attention/Concentration problems..... 0 1 2 3
- 44. Agitation..... 0 1 2 3
- 45. Behavior problems..... 0 1 2 3
- 46. Oppositional defiant behavior..... 0 1 2 3
- 47. Other, please list\_\_\_\_\_ 0 1 2 3