

Adolescent Issues Questionnaire

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

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

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|---|---|---|---|---|
| 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