

Name _____

Date _____

12 year old and above Well Child Exam Questionnaire

Please list any worries you have today:

For the next questions please circle the correct answer. You may write more if you would like to do so.

Have things that do not usually bother you been bothering you recently? Yes/no

How many hours per night do you sleep?

Do you have problems sleeping? Yes/no

Are you eating too much or too little and is this a change? Yes/no

Have you ever felt like hurting yourself? Yes/no Have you ever hurt yourself on purpose? Yes/no

How do you feel about yourself? Very Good Good Sad Angry Frustrated Other

Do you feel you are as good as other kids your age? Yes/no

Do you ever feel lonely, like you do not have friends? Yes/no

In the last week or so it was hard to get going and do things? Yes/no

Have you felt like crying recently? Yes/no

Please list any worries you have about school.

Please list the grades on your most recent report card.

Are you being bullied at school? Yes/no

What type of career do you picture yourself doing?

Do you have problems concentrating at school? Yes/no