



Adirondack Samaritan Counseling Center

A nonprofit mental health agency serving Warren, Washington, and Saratoga Counties since 1983

15 Boulevard, Hudson Falls, NY 12839 • (518) 747-2994 • Fax: (518) 747-2996

Youth Self-Report

Your name: _____

Your nickname: _____ Age: _____

Your school: _____

Favorite subject _____ Grade: _____

Best friends: _____

Father's name: _____

Mother's name: _____

How many brothers do you have? _____ How many sisters do you have? _____

How many pets do you have? _____

What kind of music do you listen to? _____

List the people who live with you:

Names:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do your parents live together? yes no

Why have you come for this meeting?

What things do you like to do?

Check the words that describe your feelings:

- Happy Confused Worried Sad Guilty Scared Tired
- Nervous Special Angry/Mad Unloved Lonely Embarrassed

Check the items that describe things you worry about:

- Dating/Relationships Divorce/Separation My appearance Stomach aches
- Getting to sleep Getting along with parents Lying Grades
- Drugs or Alcohol Headaches Bad dreams Not having friends
- Belief in God Eating/Weight Being perfect Death/Dying