

Adolescent Parent/Guardian Questionnaire

Today's Date: _____

Adolescent's Name: _____ Date of Birth: _____

Your Name: _____ Relationship: _____

1. Who lives in your household? _____
2. Have there been any changes in your family in the last year (example: marriage, birth, divorce, move, serious illness)? ___Yes ___No
If yes, describe _____
3. Has there been any change in your adolescent's physical or emotional health in the last year? ___Yes ___No
If yes, describe _____

School

In the past year, have your child's grades been mainly (circle one) A's B's C's D's F's
Compared to last year, are your child's grades ___better ___the same ___worse
How many days of school has your child missed this school year? _____

Does your adolescent have a significant amount of unsupervised time each day, after school or in the evening? ___Yes ___No

Health Habits

1. Have you had discussions with your adolescent about:
 - a. Drugs/Alcohol/Tobacco? ___Yes ___No
 - b. Sexual orientation/Sexual behavior? ___Yes ___No
 - c. Passenger and driver safety ___Yes ___No
 - d. Injury prevention? ___Yes ___No
2. Is there a gun in your household? ___Yes ___No
If yes, how is it stored (gun safe, locked up, unlocked, etc)?

Is it stored loaded or unloaded? _____

Has a gun safety class been taken? ___Yes ___No

What do you find most challenging about being the parent of your adolescent?

What do you find most rewarding about being the parent of your adolescent?

What do you and your adolescent do together on a regular basis (example: meals, exercise)? _____
