



Adolescent Parent/Guardian Questionnaire

Adolescent's Name: _____ Date of Birth: _____ Today's Date: _____

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 (check one): A's B's C's D's F's

Compared to last year, are your child's grades (check one): 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, and tobacco? Yes No
 - b. Sexual orientation and 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)?
