

Client Self-Assessment - MINOR

Name DOB Date

Read each of the following statements and choose the answer that best describes how it applies to you. There are no wrong answers—just be honest about how true the statements are to you!

STATEMENT	NEVER	SOMETIMES	ALWAYS
It's hard for me to sit for a long time.			
It's hard for me to pay attention.			
I have trouble waiting my turn.			
I shout out answers before the teacher calls on me.			
It's hard for me to follow instructions.			
It's hard for me to pay attention.			
I talk a lot.			
I interrupt others, without realizing it.			
I lose things.			
I do things that are fun, even though they are dangerous.			
I start things, but don't finish them.			
I lose my temper.			
I argue with adults.			
I refuse to do things adults tell me to do.			
I like to upset other people.			
I get blamed for other people's mistakes.			
I am easily annoyed by others.			
I get angry.			
I like to "get even" with others.			
I use bad language.			
If I get mad at someone, I stay that way a long time.			
I take things that don't belong to me if no one else is around.			
I have run away from home.			
I tell lies.			
I like to set fires.			
I skip school without my parent's permission.			

STATEMENT	NEVER	SOMETIMES	ALWAYS
I have broken into someone else's house.			
I have destroyed someone else's stuff.			
I like to tease animals.			
I have used a weapon in a fight.			
I start fights.			
I like to make other people feel bad.			
It doesn't bother me if I hurt someone else.			
I worry about something bad happening to the people I love.			
I refuse to go to school.			
I refuse to sleep alone.			
I try to never be alone.			
I have nightmares about being separated from my family.			
I get a lot of stomach aches and headaches.			
I'm afraid if I think my parents might go somewhere without me.			
I'm afraid when I have to go somewhere without my parents.			
I worry about things that might happen in the future.			
I worry when I've acted badly.			
I feel that I don't do anything right.			
I feel self-conscious.			
I try to make everything perfect.			
I am afraid and anxious most of the time.			
I'm shy.			
I get embarrassed easily.			
I feel bad if someone criticizes or corrects me.			
I bite my fingernails.			
I feel sad most of the day.			
Things that used to be fun are not much fun anymore.			
I don't feel like eating at all.			
I feel like I want to eat all the time.			
I have gained a lot of weight recently.			
I have lost weight without dieting.			
I have trouble sleeping.			
I would sleep all day if my parents would let me.			

STATEMENT	NEVER	SOMETIMES	ALWAYS
I need to be constantly moving.			
I feel like I'm moving in slow motion.			
I have no energy, even when I go to bed at a normal time.			
I feel worthless.			
I feel guilty, even when I haven't done anything wrong.			
It's hard for me to concentrate.			
I have thought about killing myself.			
I have tried to kill myself.			
My feelings change all the time.			
I would rather play by myself.			
I cry easily.			
I think most people are better than me.			
It's hard for me to make decisions.			
I wish I could go to sleep and not wake up.			
I feel sad most of the day.			
I get stuck on the same thoughts over and over again.			
I do things (like washing my hands) many, many times in a row.			
I need to keep everything in order and get upset if they are not.			
I repeat things a lot (like opening and closing doors).			
I avoid places that might be dirty (like public restrooms).			
I sometimes see things that other people say are not there.			
I sometimes hear things that other people do not hear.			
I have an imaginary friend.			
I lose my temper and don't know why.			
I need to be with my parents or adults at all times.			
I am afraid of things that other people are not afraid of.			
I avoid things that other people think are okay.			
I don't really care about anything.			
I don't care to hang out with kids my own age.			
I hurt myself and sometimes keep it a secret.			

What else should I know about you?

Please answer the following questions:

What is your favorite colour?

What is your favorite animal?

What is your favorite sound?

What is your favorite smell?

What is your favorite food?

Who is your favorite relative?

What is your favorite season?

What is your favorite holiday?

Who is your favorite author?

Where is your favorite place?

If you want, draw a picture in the box below! 😊