



# Teen or Young Adult Questionnaire

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred phone \_\_\_\_\_

School or Occupation \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Level of Education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking Life Coaching at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you like to achieve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you worked with a therapist or counselor before? \_\_\_\_\_

If yes, what worked well for you? What did not work well? \_\_\_\_\_

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What adjectives would a friend use to describe you?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

What adjectives would your family use to describe you?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Now, what adjectives do you feel describe you?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

If you could change anything about your life what would it be? \_\_\_\_\_

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On a scale of 1-10, with 10 being the very best and 1 being the worst, please rank the following:

How I feel about myself \_\_\_\_\_ How I get along with my family \_\_\_\_\_ Social Life \_\_\_\_\_

Spiritual Life \_\_\_\_\_ Academics (if applicable) \_\_\_\_\_ Employment (if applicable) \_\_\_\_\_

What brings you joy? \_\_\_\_\_  
\_\_\_\_\_

What motivates you? \_\_\_\_\_  
\_\_\_\_\_

What is your biggest fear or concern right now? \_\_\_\_\_  
\_\_\_\_\_

Do you drink alcohol? If yes, how many drinks a week? \_\_\_\_\_ A day? \_\_\_\_\_

Do you feel you have an alcohol problem? \_\_\_\_\_

Do you use/abuse drugs? If yes, what kind and usage? \_\_\_\_\_  
\_\_\_\_\_

Do you have thoughts of harming yourself? Have you in the past? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Please use the space below to tell me anything that you feel is important for me to know about you or your circumstances before our first session. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you! I look forward to talking with you!

*Arlene*