

Client Name: _____

Date: _____

Intake Evaluation - Client Self-Report (Youth)

	Worst I've Felt in the Past Month				
Guilty about Stuff	Never	A Little	Sometimes	Often	All the Time
Nobody Cares	Never	A Little	Sometimes	Often	All the Time
I Don't Feel Like Doing Anything	Never	A Little	Sometimes	Often	All the Time
I Have a Hard Time Concentrating	Never	A Little	Sometimes	Often	All the Time
Feeling Alone	Never	A Little	Sometimes	Often	All the Time
I Make My Family's Life Hard	Never	A Little	Sometimes	Often	All the Time
Things Will Never Get Better	Never	A Little	Sometimes	Often	All the Time
I Want to Talk or Be With People Less Than I Used To	Never	A Little	Sometimes	Often	All the Time
My Mood Can Change Really Fast	Never	A Little	Sometimes	Often	All the Time
I Do Dangerous Things or Take Chances Where I or Someone Else Could Get Hurt	Never	A Little	Sometimes	Often	All the Time
Feel Jumpy and/or Can't Sit Still	Never	A Little	Sometimes	Often	All the Time
I Have Aches and Pains	Never	A Little	Sometimes	Often	All the Time

	How I Felt in my Worst Month Ever				
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time
	Never	A Little	Sometimes	Often	All the Time

Client Name: _____

Date: _____

	Worst I've Felt in the Past Month				
Feeling Trapped	Never	A Little	Sometimes	Often	All the Time
Writing About Death	Never	A Little	Sometimes	Often	All the Time
Thoughts About Hurting Yourself	Never	A Little	Sometimes	Often	All the Time
Giving My Stuff Away	Never	A Little	Sometimes	Often	All the Time
I Have Been Saying, "Goodbye" to People Because They Might Never See Me Again	Never	A Little	Sometimes	Often	All the Time
Thoughts About Hurting Someone Else	Never	A Little	Sometimes	Often	All the Time
The Grown-Ups in my Home Fight a Lot	Never	A Little	Sometimes	Often	All the Time
I Worry About How Much People in my House Drink Alcohol or Use Drugs	Never	A Little	Sometimes	Often	All the Time

How I Felt in my Worst Month Ever				
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time
Never	A Little	Sometimes	Often	All the Time

If this month isn't your worst month ever, about how long ago/when was your worst month ever? _____

Reviewed by: _____
 Andrea R. Morganstein, MS, LPC