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Adolescent Self-Assessment (for *client* to fill out, not parent or guardian)

What do you see as your strengths?

What is your life is going well?

What do you like to do in your free time?

Whom are you close to?

What are you most proud of?

Why are you coming to therapy?

If therapy is helpful, what in your life would be different or better?

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Please circle any symptoms you are experiencing over the past month:

Mood Difficulties

Depressed	Poor energy	Excessive Energy
Mood shifts/swings	Feelings of worthlessness	Helplessness
Guilt	Hopelessness	Irritable
Thoughts of harming self	Suicidal thoughts	Thoughts of death
Poor concentration	Loss of appetite	Insomnia
Weight gain or weight loss	Hypersomnia	
Loss of interest or pleasure in activities		

Anxiety Difficulties

Worry about future	Shakiness	Panic attacks
Difficulty catching breath	Restless/cannot relax	Dizziness
Lightheadedness	Fears about what others think	Phobias
Feelings of being on edge		

Social Difficulties

Arguments	Withdrawn from friends	Socially isolated
Lonely	Abandoned	Embarrassed
Excessive shyness	Struggle to communicate	Lack of assertiveness
Lack of relationships	Struggle to maintain relationships	
Violence towards others		

Work/School Difficulties

Concentration	Focus	Failing at work/school
Absenteeism	Motivation	Dissatisfaction with work
Procrastination	Difficulty concentrating	Conflict with co-workers
Trouble finishing tasks	Fatigue	Conflict with supervisor

Anger management

Irritable	Resentful	Agitated
Thoughts harming others	Aggressive	Violent behaviors
Out of control	Frustrated	