



Initial Wellness Assessment (child and adolescent)

Everyone who uses services through Footsteps Counseling Center is asked to complete the brief questionnaire. It will help us measure whether the services were helpful in meeting your child's needs. Please answer each item as best you can, based on how your child and family are feeling today.

Name: _____

Date: _____

Date of Birth: _____

1. What is your relationship to the child for whom you will be completing this questionnaire?
 - Mother
 - Stepfather
 - Foster parent
 - Father
 - Grandmother
 - Other
 - Stepmother
 - Grandfather

2. Please indicate your child's PRIMARY problem that has led you to seek help for him or her today.
 - Sad/Depressed Mood
 - Problems with peers
 - Physical health problems
 - Anxiety, worries, fear
 - Problems functioning at school
 - Other behavioral problems
 - Problems within family
 - Substance use problems
 - Other emotional/psychological problems

2. In the past 30 days, has your child reported or demonstrated any suicidal thoughts? yes no

3. In the past 30 days, how much have your child's problems that led you to seek help bothered...
 - a. ...your child? not at all a little bit somewhat quite a bit very much
 - b. ...you? not at all a little bit somewhat quite a bit very much

4. How long has your child had the problem for which you are seeking treatment?
 - less than 1 month
 - 1-3 months
 - 4-6 months
 - 7-12 months
 - one or more years

5. In general, would you say your child's health is:
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

6. Does your child currently have a serious and/or chronic medical condition such as diabetes or asthma?
 - yes no
 Condition: _____

7. In the past 6 months, how many times has your child seen a medical doctor or used other medical or mental health services? zero once 2-3 4-5 More than 5

8. In general, how much of a problem do you think your child has with the following?

	No problem	Some problems	A big problem
a. Getting into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Getting along with his or her mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Getting along with his or her father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling unhappy or sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. His or her behavior at school (or at work).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Having fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Getting along with adults other than his or her mother and father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling nervous or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Getting along with his or her brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Getting along with other kids his or her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

