



**New Path Walk-In Clinic
Child (under 12) Questionnaire**

What is your name? _____ How old are you? _____

Who are the other important people in your life? _____

What school do you go to? _____ What grade are you in? _____

What is your favorite thing to do? _____

How are things in your life today? (place an **X** where you feel you are at)

Me
(How am I doing)



Family
(How are things in my family?)



School
(How am I doing at school?)



Friends
(How are your friendships going?)



Do you sometimes think about hurting yourself? Yes No

Do you sometimes think about hurting others? Yes No

What is the one concern that seems most important to work on now?

