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 your hope for our session?

________________________________________________________________________

________________________________________________________________________

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