Pre-Program

Roberta's House

PROGRAM SURVEY APPLICATION - [Teen]

NAME: _____

ID: _____ **Family ID:** _____

Nickname or name liked to be called: _____

Address: _____

City: _____ State: _____Zip: _____

Phone: _____ Email: _____

Name of Parent/Legal Guardian: _____

Emergency contact: _____Phone: _____

Name: Identification # [ ]

Section A: All About the Teen

Please check mark or fill in the blanks for the following questions

1. **Date:** _____ **Program Enrolled in:** _____
2. **Age:** _____ **Date of Birth:** Month: _____ Day: _____ Year: _____
3. **Gender:** Female ☐ Male ☐
4. **Lesbian** ☐ **Gay** ☐ **Bi-Sexual** ☐ **Transgender** ☐ **Queer** ☐ **N/A** ☐
5. **Ethnic Background (check one):**
   Non-Hispanic ☐ Hispanic-Puerto Rican ☐ Hispanic-Cuban ☐
   Hispanic-Mexican ☐ Other Hispanic-Latino ☐
6. **Race (check all that apply):**
   African American/Black ☐ Asian American ☐
   Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐
   White ☐
   Multi-Racial (please specify) ☐ _____
   Other (please specify) ☐ _____
7. **Primary Language:**
   English ☐ Spanish ☐ Italian ☐
   French ☐ Sign Language ☐
   Other (please specify) _____
8. **Citizenship Status:**
   US Citizen ☐ Permanent Resident ☐
   Other (please specify) _____
9. **Religious Affiliation:**
   None ☐ Baptist ☐ Protestant ☐ Roman Catholic ☐
   Jewish ☐ Islamic/Muslim ☐ Buddhist ☐ Orthodox Christian ☐
   Other (please specify) _____
10. **Whom does the teen live with?**
    Parents ☐ Mom/Dad ☐ Sister/Brother ☐ Cousin ☐
    Grandparent(s) ☐ Aunt/Uncle ☐ Other (please specify) _____
11. **School Information:**
    Name of school: _____
    Public ☐ Private ☐
    Grade: _____ Regular education classes? Yes ☐ No ☐
    Does the teen receive special services (e.g., tutoring)? Yes ☐ No ☐
    If yes, describe: _____
    Does the teen have any learning disabilities or impairments? (Please check all that apply)
    Cognitive ☐ Speech ☐ Language (reading/writing) ☐
    Mathematical ☐ Visual ☐ Behavioral ☐ Emotional ☐
    Motor ☐ None ☐
    Other (please specify) _____

Has the teen ever repeated a grade? Yes ☐ No ☐
Will the teen need assistance reading or writing on their grade level? Yes ☐ No ☐
Did the teen drop out of school? Yes ☐ No ☐ If yes, when? _____
Why? _____
Has the teen ever been expelled from a school? Yes ☐ No ☐ If yes, when? _____
Why? _____

12. Medical Information:

Does the teen have any chronic medical conditions? Yes ☐ No ☐
If yes: Asthma ☐ Diabetes ☐ Seizures ☐ Allergies ☐
Other (please specify) _____
Does the teen have any disability or handicap? Yes ☐ No ☐
If yes, please specify: _____
Has the teen ever been diagnosed with a psychiatric disorder? Yes ☐ No ☐
If yes, when? _____ What disorder? _____
Is the teen taking any medications? Yes ☐ No ☐
If yes, please list: _____
Does the teen have medical insurance? Yes ☐ No ☐
If yes, please provide the name: _____Medical Asst. ☐ Yes ☐No

13. Past Experiences (check all that apply):

Car Accident	☐	Other Accident	☐	Fire	☐
Personal Illness	☐	Witness of a Disaster	☐	Foster Care	☐
Death of a Pet	☐	Theft/Loss	☐	Neglect	☐
Victim of Rape	☐	Witness of a Murder	☐	Sexual Abuse	☐
Physical Abuse	☐	Emotional Abuse	☐	Victim of a Crime	☐
Witness of a Crime	☐	Legal Involvement	☐	Custody Disputes	☐
Witness of a Violent Crime	☐	Victim of Domestic Violence	☐		
Victim of a Violent Crime	☐	Friend/Loved One Incarcerated	☐		
Witness of Domestic Violence	☐	Caregivers' Divorce/Separation	☐		
Illness of a Loved One/Friend	☐	Relocation to New House/Community	☐		
Friends/Loved Ones Moving Away	☐				

Other (please specify) _____

14. Group Experiences:

Is the teen interested in group support? Yes ☐ No ☐
Were they Court Ordered ☐ Persuaded (e.g., by parents/caregivers) ☐
Other (please specify) _____
How has the teen responded to groups in the past? (check all that apply)

Enjoyed Groups	☐	Disliked Groups	☐	Participated in Group	☐
Refused to Participate	☐	Never in a Group	☐	Was Disruptive	☐

Other (please specify) _____
Has the teen ever been asked to leave a group permanently? Yes ☐ No ☐
If yes, please explain: _____
_____

Member of the support system that will attend sessions with the teen:

Name: _____ Phone: _____

Relationship to teen: _____ Email: _____

What type of transportation will you use? Public ☐ Personal ☐ Transportation Needed ☐

15. What do you hope your teen will gain from the bereavement program at Roberta's House? (check all that apply)

Support for Teen/Family ☐ Education about Grief ☐ Anger Management ☐

Treatment for Difficulties ☐ Referral for Therapy ☐ Referral to Community Resources ☐

Other (please specify) _____

Section B: About the Loved One(s) That Died

First person who died:

1. **Name:** _____
2. **Age at Death:** _____ **Date of Death:** _____
3. **Cause of Death:** _____

   _____
4. **Did the teen witness the death of the person who died?** Yes ☐ No ☐
5. **Did the teen discover the body of the person who died?** Yes ☐ No ☐
6. **How did they find out about the death?** _____

   _____
7. **Relationship to the teen:**

   Parent ☐ Step-parent ☐ Grandparent ☐

   Sibling ☐ Aunt/Uncle ☐ Cousin ☐

   Other (please specify) _____
8. **How would you rank the teen's level of closeness to the loved one? (please check the one that best applies)**

   Not Close ☐ Somewhat Close ☐ Close ☐ Very Close ☐
9. **Did they attend the funeral?** Yes ☐ No ☐

Second person who died:

10. **Name:** _____
11. **Age at Death:** _____ **Date of Death:** _____
12. **Cause of Death:** _____

    _____
13. **Did the teen witness the death of the person who died?** Yes ☐ No ☐
14. **Did the teen discover the body of the person who died?** Yes ☐ No ☐
15. **How did they find out about the death?** _____

    _____

16. Relationship to the teen:

Parent ☐ Step-parent ☐ Grandparent ☐
Sibling ☐ Aunt/Uncle ☐ Cousin ☐
Other (please specify) _____

17. How would you rank the teen's level of closeness to the loved one? (please check the one that best applies)

Not Close ☐ Somewhat Close ☐ Close ☐ Very Close ☐

18. Did they attend the funeral? Yes ☐ No ☐

19. Has the teen experienced the death of others? Yes ☐ No ☐

If yes, please list:

Name & Date Died	Relationship	Cause of Death

Name: Identification # [ ]

Jimerson Teen Grief Reaction

Please tell us how frequently you have experienced/exhibited the following (TO BE COMPLETED BY THE TEEN):

		Never	Sometimes	Often	Currently a Problem
1	I've had a loss of appetite				
2	I've had an increase in appetite				
3	I've had difficulty falling asleep				
4	I've had nightmares				
5	I've had problems with bedwetting				
6	I've had toileting accidents				
7	I've had stomachaches				
8	I've had headaches				
9	I've had frequent colds/other physical illnesses				
10	I've had feelings of being tired/fatigued				
11	I've been uninterested in activities that usually interest me				
12	I've been unusually irritable				
13	I've had feelings of guilt				
14	I've had mood swings				
15	I've had suicidal thoughts/behaviors				
16	I've had panic attacks				
17	I've noticed improvement in my behavior				
18	I've noticed my behavior worsening				
19	I've noticed an increase in activities				
20	I've noticed a decrease in activities				
21	I've found myself thinking about the loss				
22	I've had a shorter attention span				
23	I've had short term memory loss				
24	I've found it hard to concentrate				
25	I've been easily distracted				
26	I've been afraid to be away from my caregiver(s)				
27	I've been more anxious				
28	I've withdrawn from my friends and family				
29	I've behaved in an immature manner				
30	I've been aggressive towards others				
31	I've behaved destructively				
32	I've behaved without thinking/compulsively				
33	I've thought about stealing				
34	I've increased my independence				
35	I've felt more dependent on others				

		Never	Sometimes	Often	Currently a Problem
36	I've tried to take care of others more (siblings, parents)				
37	I've tried to please people (be good, act right)				
38	I've felt depressed				
39	I've been more hyperactive				
40	I've abused alcohol or drugs				
41	My grades in school have improved				
42	My behavior in school has improved				
43	My grades in school have dropped				
44	I've had behavior problems in school				
45	I've been concerned about my own/others safety				
46	I've reenacted the traumatic event				
47	I've found it hard to stay awake				
48	I've behaved more impulsively				
49	I've had negative thoughts about my future				
50	I've feared being rejected from my peers				
51	I've had fears about an early death				
52	I've had flashbacks about the death				
53	I've been sick to my stomach				
54	I've avoided things that reminded me of the event				
55	I've had diarrhea				
56	I've had repeated distressing dreams				
57	I've had trouble breathing				
58	I've had trouble remembering pars of the event				
59	I've been crying easily				
60	I've been acting like the person who passed away				
61	I've been startled easily				
62	I've had trembles or shakes				
63	I've been eating too much				
64	I can't stop thinking about how the death happened				
65	I've been taking more risks				
66	I've had a loss of interest in everyday events				
67	I've felt anxious/fearful about the future				
68	I've thought about what I might have done to prevent the death				
69	I've had a strong desire to be with/near the person who passed away				
70	I've been feeling guilty for being alive				
71	I've not accepted the fact that the death happened				
72	I've thought about the person who passed away even when I don't want to				

		Never	Sometimes	Often	Currently a Problem
73	I've thought about the death when I play/hang out with friends				
74	I've tried not to cry when I've thought about the person who passed away				
75	I've thought it was unfair that the person passed away				
76	I've found it hard to get along with some people after the death				
77	I've been unable to accept the death				
78	I've felt denial				
79	I've felt anger				
80	I've felt sadness				
81	I've felt confused				
82	I've felt anxiety				
83	I've felt isolated				
84	I've felt destructive				
85	I've felt lonely				
86	I've gotten suspended, expelled, or sent to detention				
87	I have poor school attendance				
88	I am involved with gangs				
89	I get bullied or teased by my peers				
90	I bully or tease my peers				

Additional reactions since the loss (please specify): _____

_____

_____

_____

_____

Understanding the Teens Adjustment

The following list includes several areas in which children may display problems. We are interested in each teen's problems in each area both before and after the loss. Please fill in one rating for **before** the loss and one rating for **after** the loss. Please specify the type of problems you have observed or are aware of in each area.

	No Problems	Some Problems	Many Problems
Friends (before):			
Friends (after):			
Sleep (before):			
Sleep (after):			
Achievement (before):			
Achievement (after):			
Emotional (before):			
Emotional (after):			
Concentration (before):			
Concentration (after):			
Aggression (before):			
Aggression (after):			
Overall adjustment (before):			
Overall adjustment (after):			

Reaching Out

Please tell us about the services/people you have sought help from for your teen

1. **People differ a lot in their feelings about seeking professional help for their teen's emotional or behavioral concerns. On a scale of 1 (lowest) to 5 (highest):**
   How likely would you be to enroll your teen in professional mental health services if they had an emotional or behavioral concern? 0 1 2 3 4 5
   How comfortable would you be with your teen talking about personal problems with a professional? 0 1 2 3 4 5
   How embarrassed would you be if your friends knew your teen was getting help for an emotional or behavioral concern? 0 1 2 3 4 5
2. **Who did your teen reach out to or talk to when their loved one died?**
   Family members ☐ Friends ☐ Church members ☐ Teen's Teacher ☐
   Others (please describe/list) _____
3. **Is your teen currently receiving any services for or related to an emotional or behavioral concern (including drug or alcohol problems)?** Yes ☐ No ☐
4. **Has your teen ever received any services for an emotional or behavioral concern (including drug or alcohol problems)?** Yes ☐ No ☐
   If yes to either question #3 or #4 above, which type of service? (please check all that apply):

Assessment/Evaluation	☐	Case Management	☐	Emergency Room	☐
Crisis stabilization	☐	Individual Therapy	☐	Group Therapy	☐
Family Therapy	☐	Day treatment	☐	Inpatient Hospitalization	☐
Residential Treatment	☐	Foster Care	☐	Group Home	☐
Respite Care	☐	Family Preservation	☐	Flexible Funds	☐
Family Support	☐	Transportation Services	☐		
After School Care	☐	Psychiatric Medication/Medication Management			☐

   Other (please describe) _____
5. **If teen has not received services or discontinued services, please tell us the reason.**

No Services Needed in Past/Now	☐	Decided Not to Continue/Enter in Services	☐
Past Services Have Been Completed	☐	Ineligible for Services	☐
Unable to Find Appropriate Services	☐	Unable to Find Services You Felt Were Useful	☐
Moved Away/Far From Services	☐		

How The Teen is Coping

Please place a check in the box that best describes how you're coping right now or these days.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I use mementos (pictures, videos, etc) to keep a positive connection to the person who died.					
I hold on to my pain as a means to remain connected to the person who died					
I rely on my belief in God to cope with the passing of my loved one.					
My spiritual beliefs help me make sense of the passing of my loved one.					
When I am around others I hide my emotions about the person who died.					
I do not mention their death around others to prevent myself from experiencing pain.					
I care for others before caring for myself.					
My family and I have been able to talk about the death.					
I will overcome this pain, just as those that have come before me.					
My family and I have been able to positively support each other since the death.					
I have been able to talk to the adults in my family about the death.					
I believe my life will be hard, regardless of what effort I put in.					
I believe there were steps I could have taken to prevent his/her death.					
I feel ashamed to talk about his/her death to others.					
I believe others will judge me if I talk about how he/she died.					
I believe the police and court system could do more to bring justice for their passing (if applicable)					