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**ADOLESCENT DEVELOPMENTAL HISTORY (AGES 12-17/18)**

Adolescent’s Name: Gender:  Male  Female

Date of Birth:

Grade: School: \_\_\_\_\_\_\_

Form completed by:

Relationship to adolescent: Date:

**PRESENTING CONCERNS**

**In your opinion, what led to this referral?** Check all that apply

|  |  |
| --- | --- |
| * Developmental delays | * Symptoms of depression |
| * Symptoms of anxiety | * Suicidal thoughts |
| * Thinking problems | * Difficulties with parents |
| * Adjustment to parents’ divorce | * Problems with peers/poor social skills |
| * Suspected abuse | * Refusal to attend school |
| * Suspected autism spectrum disorder | * Fears/Anxiety |
| * Reading difficulties | * Academic difficulties |
| * Behavior problems at home * Attention/Concentration problems * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Behavior problems at school * Substance Use/Abuse |

**How severe is/are the problem(s)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**When were these problems first noted?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is most concerning about the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Has your adolescent ever experienced any emotionally, verbal, physical, or sexual abuse?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Additional Information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PREGNANCY and BIRTH**

At the time of the adolescent’s birth, what was the mother’s age? \_\_\_\_\_\_\_\_\_ Father’s age\_\_\_\_\_\_\_\_\_\_

Did mother receive prenatal care? None  Yes - throughout entire pregnancy  Some \_\_\_\_\_\_\_\_\_\_\_\_

**Check any of the following complications that occurred during the pregnancy:**

Measles German measles Excessive Swelling Anemia Toxemia Vaginal bleeding Flu

Rh Incompatibility Abnormal weight gain High Blood Pressure Excessive Vomiting

Emotional Problems

Stressors (describe)

Other not listed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy Cont.** |  |  | **If yes…** |
| **Injury to Mother:** | Yes | No | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospitalization during pregnancy** | Yes | No | Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **X-ray during pregnancy:** | Yes | No | What month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medications used during pregnancy:** | Yes | No | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alcohol or other drugs used prior to discovering pregnancy** | Yes | No | When was pregnancy discovered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alcohol used during pregnancy:** | Yes | No | Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cigarettes used during pregnancy:** | Yes | No | Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other drugs used during pregnancy:** | Yes | No | Type and frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Length of pregnancy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of labor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of stay in hospital?** Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth weight:** \_\_\_\_\_\_\_\_\_lbs \_\_\_\_\_\_\_\_\_oz **Apgar Score(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s condition at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s condition at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check any of the following complications that occurred during or after birth:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Forceps used | * Breech birth | * Problems with heart | |
| * Labor induced | * Caesarean delivery | * Problems with bones | |
| * Infection | * Seizures | * Blood transfusion | |
| * Cord wrapped around neck | * Jaundice | * Cyanosis | |
| * Need supplemental oxygen | * Ventilator | * NICU stay | |
| * Incubator * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**DEVELOPMENTAL INFORMATION**

**Were developmental milestones completed on time (e.g., walking, talking, toilet training, speech or motor problems)?**

**\_\_\_Y \_\_\_N If not completed on time, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is the adolescent? □right-handed □left-handed □both**

**Has the adolescent lost any skills (e.g., with regard to motor or speech skills)?**

**MEDICAL INFORMATION**

**Please check any of the following that the adolescent has had, and indicate the age?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Age** |  |  | **Age** |
| * Measles | \_\_\_\_\_\_\_\_\_\_ |  | * German Measles | \_\_\_\_\_\_\_\_\_\_ |
| * Mumps | \_\_\_\_\_\_\_\_\_\_ |  | * Rheumatic Fever | \_\_\_\_\_\_\_\_\_\_ |
| * Chicken Pox | \_\_\_\_\_\_\_\_\_\_ |  | * Diphtheria | \_\_\_\_\_\_\_\_\_\_ |
| * Tuberculosis | \_\_\_\_\_\_\_\_\_\_ |  | * Meningitis | \_\_\_\_\_\_\_\_\_\_ |
| * Whooping Cough | \_\_\_\_\_\_\_\_\_\_ |  | * Encephalitis | \_\_\_\_\_\_\_\_\_\_ |
| * Anemia | \_\_\_\_\_\_\_\_\_\_ |  | * Seizures | \_\_\_\_\_\_\_\_\_\_ |
| * Diabetes | \_\_\_\_\_\_\_\_\_\_ |  | * Asthma | \_\_\_\_\_\_\_\_\_\_ |
| * Rashes | \_\_\_\_\_\_\_\_\_\_ |  | * Hay fever | \_\_\_\_\_\_\_\_\_\_ |
| * Eczema | \_\_\_\_\_\_\_\_\_\_ |  | * Seasonal allergies | \_\_\_\_\_\_\_\_\_\_ |
| * Broken Bones | \_\_\_\_\_\_\_\_\_\_ |  | * Pneumonia | \_\_\_\_\_\_\_\_\_\_ |
| * Food allergies | \_\_\_\_\_\_\_\_\_\_ |  | * Frequent headaches | \_\_\_\_\_\_\_\_\_\_ |
| * Stomach aches | \_\_\_\_\_\_\_\_\_\_ |  | * Other | \_\_\_\_\_\_\_\_\_\_ |
| * Head Trauma |  |  |  |  |

**Hearing: Vision:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Frequent ear infections | * Yes | * No | Vision problems | * Yes | * No |
| Tubes | * Yes | * No | Wears Glasses | * Yes | * No |
| Hearing problems | * Yes | * No |  |  |  |
| Sensitive to certain sounds | * Yes | * No | Sensitive to certain  lights or colors | * Yes | * No |
| Has the adolescent’s hearing been evaluated? | * Yes | * No | Has the adolescent’s vision been evaluated? | * Yes | * No |

Hearing Evaluation Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Who tested hearing? (e.g., doctor, school, ECI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision Evaluation Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Who tested vision? (e.g., doctor, school, ECI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleep Appetite**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Past** | **Present** |  | **Past** | **Present** |  |
|  |  | No sleep difficulties |  |  | Normal increase in weight/height |
|  |  | Trouble falling asleep |  |  | Unusual weight gain \_\_\_\_\_lbs. |
|  |  | Wakes up frequently at night |  |  | Unusual weight loss \_\_\_\_\_lbs. |
|  |  | Still tired after a good night’s sleep |  |  | Concerns about height/growth? |
|  |  | Does not get enough sleep |  |  | Increase in appetite |
|  |  | Restless in bed |  |  | Decrease in appetite |
|  |  | Nightmares |  |  | Gags on certain textures |
|  |  | Night terrors |  |  | Purposely throws up after eating |
|  |  | Refuses to go to bed |  |  | Food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Change in sleep pattern |  |  | Eats excessively |
|  |  | Sleeps too much |  |  | Picky eater |
|  |  | Wakes up too early |  |  | Will only eat certain types of |
|  |  | Falls asleep in school |  |  | food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Refuses to get up in the morning |  |  | On a special diet\_\_\_\_\_\_\_\_\_ |
|  |  | Snores |  |  |  |
|  |  | Sleeps with parent or sibling |  |  |  |
|  |  | Sleep Apnea (appears to hold breath when asleep) |  |  |  |

**Please indicate if the adolescent has ever had any of the following? If so describe.**

|  |  |
| --- | --- |
| * Seizure disorder | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Accident prone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Bites nails or cuticles | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Sucks thumb | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Grinds teeth | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Has tics or twitches | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Bangs head | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Rocks back and forth | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Fever over 104 degrees | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Head injury | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Loss of consciousness | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Current medications, indicate dosage:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous medications (Indicate when s/he stopped taking them):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary care physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had a psychological or psychiatric exam?** | * **Yes** | * **No** |

Provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had psychological counseling or therapy?** | * **Yes** | * **No** |

Therapist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had a neurological exam?** | * **Yes** | * **No** |

Neurologist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe any medical or mental health hospitalizations and/or surgeries with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please indicate if any family members have had the following and specify that person’s relationship to the adolescent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Cancer | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Alcohol abuse | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diabetes | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Drug abuse | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Epilepsy | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Behavior disorder | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Migraine headaches | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Emotional problems | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Physical handicap | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Mental illness | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tuberculosis | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Mental retardation | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Huntington’s chorea | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Muscular dystrophy | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Reading problems | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Sickle cell anemia | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Learning disability | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tay-sachs disease | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Speech problem | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tourette’s syndrome | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Language problem | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Cerebral palsy | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Severe head injury | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Birth defect | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Other | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TEMPERAMENT, BEHAVIOR, AND RELATIONSHIPS:**

**Which traits best describe the adolescent now?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Calm | * Active | * Sociable | * Withdrawn | | | |
| * Tired | * Cries a lot | * Irritable/Cranky | * Playful | | | |
| * Affectionate | * Difficult | * Distracted | * Funny | | | |
| * Withholds affection | * Happy | * Sad | * Impulsive | | | |
| * Tearful | * Overreacts | * Moody | * Worries * Feels lonely often | | | |
| * Self-conscious | * Gets mad easily | * Easily upset by changes in routine | | | |  |
| * Even tempered | * Hides Feelings | * Easily overstimulated | |  | | |
| * Lacks self-control | * Difficult to calm | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |

**What is the best thing about the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **What makes the adolescent angry?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| **Does the adolescent have any specific fears?** | * **Yes** | * **No** |

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Does the adolescent engage in any ritualistic or compulsive behavior?** | * **Yes** | * **No** |

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the adolescent engaged in any of the following behaviors?**

|  |  |
| --- | --- |
| * None | * Stolen with confrontation |
| * Stolen without confrontation | * Tries to Run away |
| * Lies often | * Deliberate fire-setting |
| * Hits other children | * Hits adults |
| * Destruction of property | * Cruel to animals |
| * Used/tried to use a weapon in a fight | * Often initiates physical fights * Drugs or alcohol |

**What time does the adolescent usually go to bed on school nights?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the adolescent ever experienced any emotional, verbal, physical, or sexual abuse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is most difficult about raising the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

|  |
| --- |
| **Who is mainly in charge of discipline at home?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Do all caregivers agree on discipline?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Which of the following methods of discipline are used at home?** | | |
| * Verbal Reprimands | * Time out | * Loss of privileges |
| * Rewards | * Physical punishment | * Give in to child |
| * Ignore behavior | * Discuss behavior | * Earn privileges |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **What discipline techniques are effective?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **What discipline techniques are ineffective?­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Has the adolescent experienced any of the following stressful events during the past year?** Check all that apply | | |
| * Parents separated or divorced | * Family accident or illness | * Death in the family |
| * Parent changed jobs | * Changed schools | * Family moved |
| * Family financial problems | * Chronic health problems |  |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |
| --- |
| **How many moves has the adolescent had to make within the last three years?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **How does the adolescent relate to others?** Check all that apply | | | |
| * Has many close friends | * Has several close friends | * Has few close friends | |
| * Has no close friends | * Makes friends easily | * A leader | |
| * A follower | * Fights with playmates | * Prefers to play alone | |
| * Prefers younger children | * Prefers older children | * Prefers adults | |
| * Interacts well with siblings | * Difficulty with siblings | * Teased by others | |
| * Teases others | * Feels rejected by peer group | * Is jealous of others | |
| * Has friends who get in trouble * Feels lonely | * Wants friends, but doesn’t know how to make or keep them | |

**How does the adolescent spend his/her free/play time?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

|  |  |
| --- | --- |
| **Mother’s Name:** | **Father’s Name:** |
| Occupation: | Occupation: |
| Employer: | Employer: |
| Ethnicity: | Ethnicity: |
| Highest Grade Completed: | Highest Grade Completed: |

**Please list all persons residing with the family and their relationship to the adolescent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Gender | Relationship to child |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If parents are divorced, separated, or not with the adolescent, who has custody?

What are the adolescent’s placement arrangements? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If adolescent is not living with a parent, does s/he see this parent \_\_Y\_\_N

If so, how often?

Primary language spoken by the adolescent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary language spoken at home:

How would the adolescent describe his/her parents’ relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC INFORMATION**

|  |
| --- |
|  |
| **List the schools the adolescent has attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Has the adolescent been in a bi-lingual classroom?**  No  Yes. If yes – how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following did the adolescent attend?** Check all that apply

|  |  |
| --- | --- |
| * Infant day care | * Kindergarten |
| * Preschool | * None |

**Which of the following describe the adolescent’s experiences now? C**heck all that apply

|  |  |
| --- | --- |
| * Good grades | * Frequently absent |
| * Failing grades | * Tested for special education |
| * Average grades | * Tested for the gifted program |
| * Cooperative student | * Tutored |
| * Suspended, \_\_\_\_\_\_number of times | * Retained, what year\_\_\_\_\_\_\_\_\_\_ |
| * Expelled,­­­­­­­­ \_\_\_\_­­\_number of times | * Loses temper easily |

**What are the adolescent’s current subject strengths?**

|  |  |  |  |
| --- | --- | --- | --- |
| * None | * Math | * History | * Art |
| * Spelling | * Social Studies | * English | * Science |
| * Music | * Athletics/PE | * Reading | * Other |

**What are the adolescent’s current subject weaknesses?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * None | * Math | | * History | | * Art | |
| * Spelling | * Social Studies | | * English | | * Science | |
| * Music | * Athletics/PE | | * Reading | | * Other | |
| **Which are the adolescent’s current skill strengths?** Check all that apply | | | | | |
|  | | | | | |
| * None | | * Getting assignments done | | * Intelligence | |
| * Concentration | | * Vocabulary/expression | | * Behaving correctly | |
| * Organization | | * Understanding concepts | | * Spelling | |
| * Memorization | | * Pleasing the teacher | | * Taking tests | |
| * Papers and reports | | * Reading speed | | * Turning in homework | |
| * Handwriting | | * Reading comprehension | | * Test preparation | |
| * Checking work carefully | | * Working hard | | * Other | |
| * Paying attention | | * Completing homework | |  | |

|  |  |  |
| --- | --- | --- |
| **Which are the adolescent’s current skill weaknesses?** Check all that apply | | |
| * None | * Getting assignments done | * Intelligence |
| * Concentration | * Vocabulary/expression | * Behaving correctly |
| * Organization | * Understanding concepts | * Spelling |
| * Memorization | * Pleasing the teacher | * Taking tests |
| * Papers and reports | * Reading speed | * Turning in homework |
| * Handwriting | * Reading comprehension | * Test preparation |
| * Checking work carefully | * Working hard | * Other |
| * Paying attention | * Completing homework |  |

|  |
| --- |
| **Does the adolescent work outside of school? \_\_Y \_\_N If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **What are some primary responsibilities of the adolescent at their job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How many hours does the adolescent work each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**How many hours does your adolescent spend on electronics each day (i.e., phone, tablet, gaming console, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your adolescent use electronics before bedtime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, how many hours/minutes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOALS**

What goals would you/the adolescent like to accomplish in treatment?

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychologist/Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADOLESCENT SYMPTOM CHECKLIST**

Please read each symptom/behavior listed and indicate how often the adolescent has experienced it (frequency), and how long the adolescent has experienced it (duration).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Rarely** | **3-4 times**  **month** | **3-6 times**  **week** | **Daily** | **How**  **Long** |
| 1. Anxious, tense mood, difficulty controlling worry | **0** | **1** | **2** | **3** |  |
| 2. Panic attacks (intense and sudden fear) | **0** | **1** | **2** | **3** |  |
| 3. Anxiety and/or avoidance in social situations | **0** | **1** | **2** | **3** |  |
| 4. Specific intense fears (e.g. driving, needles, etc.)  *Specify:* | **0** | **1** | **2** | **3** |  |
| 5. Obsessions and/or compulsions (excessive concern with  cleanliness, orderliness, checking things, etc.). | **0** | **1** | **2** | **3** |  |
| 6. Having urges to break or smash things | **0** | **1** | **2** | **3** |  |
| 7. Difficulty concentrating and focusing on tasks | **0** | **1** | **2** | **3** |  |
| 8. Fatigue, feeling tired even with good sleep | **0** | **1** | **2** | **3** |  |
| 9. Feeling worthless, low self-esteem | **0** | **1** | **2** | **3** |  |
| 10. Decreased interest in previously enjoyed activities | **0** | **1** | **2** | **3** |  |
| 11. Feeling hopeless, things will never change | **0** | **1** | **2** | **3** |  |
| 12. Thoughts of suicide or death | **0** | **1** | **2** | **3** |  |
| 13. Sleep problems – too much or too little | **0** | **1** | **2** | **3** |  |
| 14. Preoccupation with sexual thoughts/activities | **0** | **1** | **2** | **3** |  |
| 15. Irritable mood, snapping at others, easily angered | **0** | **1** | **2** | **3** |  |
| 16. Episodes of rage, really “losing” it | **0** | **1** | **2** | **3** |  |
| 17. Unexplained “up” mood, restless, lots of energy | **0** | **1** | **2** | **3** |  |
| 18. Impulsive behavior that the adolescent wouldn’t “normally” do | **0** | **1** | **2** | **3** |  |
| 19. Racing thoughts that the adolescent cannot control | **0** | **1** | **2** | **3** |  |
| 20. Seeing/hearing things that are not real | **0** | **1** | **2** | **3** |  |
| 21. Feeling nothing or “numb” emotionally | **0** | **1** | **2** | **3** |  |
| 22. Recurrent, intrusive thoughts or images | **0** | **1** | **2** | **3** |  |
| 23. Easily startled, overly “watchful” | **0** | **1** | **2** | **3** |  |
| 24. Feeling you are watched or talked about by others | **0** | **1** | **2** | **3** |  |
| 25. Difficulty trusting others and feeling safe | **0** | **1** | **2** | **3** |  |
| 26. Excessive worry about weight/body image | **0** | **1** | **2** | **3** |  |
| 27. Persistent fears about health problems despite doctors finding  nothing wrong | **0** | **1** | **2** | **3** |  |
| 28. Occupational concerns: job dissatisfaction, problems with  employer or co-workers (if applicable) | **0** | **1** | **2** | **3** |  |
| 29. Relationship problems with friends/family | **0** | **1** | **2** | **3** |  |
| 30. Use of caffeine (coffee, cola, tea, Mt. Dew, etc.) | **0** | **1** | **2** | **3** |  |
| 31. Smoking cigarettes | **0** | **1** | **2** | **3** |  |
| 32. Drinking alcohol (beer, wine, liquor) | **0** | **1** | **2** | **3** |  |
| 33. Use of prescription drugs in non-prescribed ways | **0** | **1** | **2** | **3** |  |
| 34. Use of marijuana, cocaine, or other street drugs | **0** | **1** | **2** | **3** |  |