





## TEEN FORM

Teen's Name \_\_\_\_\_ Date \_\_\_\_\_

How have the areas of your life been affected since the divorce:

relationship with parents? \_\_\_\_\_

\_\_\_\_\_

school/grades/teachers? \_\_\_\_\_

\_\_\_\_\_

friendships/social life? \_\_\_\_\_

\_\_\_\_\_

sleep/eating habits? \_\_\_\_\_

\_\_\_\_\_

other family relationships? \_\_\_\_\_

\_\_\_\_\_

other? \_\_\_\_\_

\_\_\_\_\_

What emotions have you been experiencing since the divorce?

shock     guilt     fear     anger     shame  
 relief     hopelessness     anxiety     loneliness  
 embarrassment     confusion     happiness/laughter  
 sadness     frustration     irritability  
 others \_\_\_\_\_

Since the divorce, have you experienced any physical symptoms?

no     yes

Please describe: \_\_\_\_\_

Taking any medications? \_\_\_ no \_\_\_ yes

Please specify: \_\_\_\_\_

Are you seeing a counselor? \_\_\_ no \_\_\_ yes, what brought you to the counselor?

\_\_\_\_\_

Who are the supportive people you talk to about the divorce?

\_\_\_\_\_