



CHILD FORM

Child's Name _____ Today's Date _____

Please check one:

Since the divorce, I want to be by myself:
more same less

Since the divorce, school has been:
harder same easier

Since the divorce, I get along with my friends:
better same worse

Since the divorce, I get along with members of my family:
better same worse

Since the divorce, my sleep is:
better same worse

Since the divorce, I eat:
more same less

Since the divorce, I sometimes have physical hurts (headaches, stomachaches, rashes . . .)

_____ no _____ yes,
explain _____

What emotions have you been experiencing since the divorce?

__ shock __ guilt __ fear __ anger __ shame
__ relief __ hopelessness __ sadness __ anxiety __ loneliness
__ embarrassment __ confusion __ happiness/laughter
__ others _____

Do you see a counselor or private therapist?

at school? _____ yes _____ no
outside of school _____ yes _____ no



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?
