AFS Interview

Student Name _____ Date _____

1. ACTIVITIES, SCHOOL, JOB

Activities:

What do you like to do in your spare time?

Do you participate in any sports/hobbies/ clubs?

What is you favorite TV show
band/music
movie/book?

School:

What do you like best in school?

What do you like least in school?

What don't you like about_____?

Describe the best teacher you've ever had.

Which teachers do you get along with the best?

Describe the teacher you've had the most difficulty with.

Which teachers do you have the most difficulty with?

How much homework do you have?

When do you do your homework?

Does anyone help you? How does that work out?

What subjects give you the most difficulty?

Do you worry about school?

Do you get in trouble in school?

If you could change something about school, what would it be?

What are your expectations for school?

Job:

Do you have a job? For how long?

How do you feel about your job? Boss?

Do you have other ways of earning money?

Do you have an allowance?

What kind of job, vocation or profession do you see yourself in when you get out of school?

2. FRIENDS

How many friends do you have?

Do you think that is enough friends?

Are your friends boys or girls?

How old are your friends?

What do you do with your friends?

- Do they come to your house?
- Do you go to their house?
- How often?

Tell me about your best friend.

How do you feel about dating/dances/parties?

How does you family feel about your social life?

Do you have a boyfriend/girlfriend?

- How long have you been dating them?

Do you ever have problems getting along with other kids?

- What kind of problems do you have?
- What do you try to do about those problems?

Do you ever get into fights or arguments with other kids?

- Do the fights involve yelling or hitting?
- What usually starts the fight?
- How do they usually end?

Do you ever feel lonely or left out of things?

- What do you do when that happens?

3. FAMILY RELATIONS

Who are the people in your family?

Who lives in you home?

In you home, do the kids have separate rooms?

Who makes the rules in you home?

- What happens when kids break the rules?
- Do you think the rules are fair or unfair?

Does your family set a time for you to be in at night?

How do you feel about that?

What are the punishments in your home?

Who punishes you when you do something wrong?

Do you think the punishments are fair or unfair?

How do your parents get along?

Do they have arguments?

(If yes) What are the arguments about?

How do you feel when they argue like that?

If you could change something in your family or home, what would it be?

4. SELF PERCEPTION, FEELINGS, FANTASIES

What makes you happy?

What makes you sad?

What do you do when you are sad?

What makes you mad?

What do you do when you are mad?

What makes you scared?

What do you do when you are scared?

What do you worry about?

How do you feel most of the time?

What do you need the most?

Have you had any strange experiences or things you don't understand?

What are your goals?

If you had 3 wishes, what would you wish and why?

If you could change 1 thing about yourself, what would it be?

5. HEALTH

"Do you experience_____?"

	Refused	No	Yes	Caused by? How often?
Aches or Pains?	☐	☐	☐	
Headaches?	☐	☐	☐	
Nausea, feeling sick?	☐	☐	☐	
Overeating?	☐	☐	☐	
Problems with eyes?	☐	☐	☐	
Rashes, skin problems?	☐	☐	☐	
Stomach ache, cramps?	☐	☐	☐	
Vomiting?	☐	☐	☐	
Numbness, tingling?	☐	☐	☐	
Heart pounding?	☐	☐	☐	
Trouble falling asleep?	☐	☐	☐	
Waking too early?	☐	☐	☐	
Other physical problems?	☐	☐	☐	

Other health concerns: _____

Medications: _____

"Now I want to ask you about some other things. Over the past 6 months, have you _____?"

	Refused	No	Yes	If yes, how often? How much?
Drunk beer, wine, or liquor? Been drunk?	☐	☐	☐	
Been stoned or high on drugs?	☐	☐	☐	
Had strong urge for more drugs?	☐	☐	☐	
Used tobacco?	☐	☐	☐	
Received traffic tickets?	☐	☐	☐	
Been in other trouble w/ law?	☐	☐	☐	

Other comments: