Therapist ID: Sex: Session #: Client #: Name:

## AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

Family Adolescent Follow-up

Th	e first section will focus on individual depression and an	xiety ove	r the <u>la</u>	ast 2 week	<u>ks</u> . <u>All</u>	informatio	n is con	fident	ial.	
		ll the time	Most times	More tha		Less than alf the time	Some- times		At no time	
1.	Have you felt low in spirits or sad?	. 5	4	3		2	1		0	
2.	Have you lost interest in your daily activities?	. 5	4	3		2	1		0	
3.	Have you felt lacking in energy and strength?	. 5	4	3		2	1		0	
4.	Have you felt less self- confident?	. 5	4	3		2	1		0	
5.	Have you had a bad conscience or feelings of guilt?	. 5	4	3		2	1		0	
6.	Have you felt that life wasn't worth living?	. 5	4	3		2	1		0	
7.	Have you had difficulty in concentrating, e.g. whenreading the newspaper or watching TV?	. 5	4	3		2	1		0	
8.	(A) Have you felt very restless	. 5	4	3		2	1		0	
	(B) Have you felt subdued or slowed down?		4	3		2	1		0	
9.	Have you had trouble sleeping at night?		4	3		2	1		0	
	(A) Have you suffered from reduced appetite?		4	3		2	1		0	
10.	(B) Have you suffered from increased appetite?		4	3		2	1		0	
	(3) Have you surrored from mercused appearer.		•	J		-	•		Ü	
	Not a		Sev da			than half e days		early ery da	ıy	
1.	Feeling nervous, anxious or on edge			1		2		3		
2.	Not being able to stop or control worrying			1		2		3		
3.	Worrying too much about different things			1		2		3		
4.	Trouble relaxing			1		2		3		
5.	Being so restless that it is hard to sit still	0		1 2			3			
6.	Becoming easily annoyed or irritable	0		1 2			3			
7.	Feeling afraid as if something awful might happen	0		1		2		3		
		Not Difficu	alt S	omewhat	V	<i>Tery</i>	Extrem	iely		
8.	How difficult have these problems made it for you to do									
	your work, take care of the home, or get along with others?	0		1		2	3			
T I a	in the fellowing have been from did VOII de the fellowing denies	- 41 DACT	· 4 WEI	ZIZ CO						
	ing the following key, how often did <b>YOU</b> do the following during						_			
	0				, I	Yannanad b	7 ut not i	n naat	11000	
100	ever Once Twice 3-5 times 6-10 times 11-2	0 times	more in	an 20 time.	S I	Happened b	ui noi ii	ı pası	year	
1.	Threw something (but not at a family member) or smashed some	ething	0	1	2	3 4	5	6	7	
2.	Threatened to hit or throw something at a family member		0	1	2	3 4	5	6	7	
3.	Threw something at family member		0	1	2	3 4	5	6	7	
4.	Pushed, grabbed, or shoved a family member		0	1	2	3 4	5	6	7	
5.	Hit (or tried to hit) a family member but not with anything hard			1	2	3 4	5	6	7	
6.	Hit (or tried to hit) a family member with something hard		0	1	2	3 4	5	6	7	
Us	ing the same key as above, how often did YOUR PARENTS do the	ne followin	g durin	g the PAST	4 WE	EEKS?				
1.	Threw something (but not at a family member) or smashed some	ething	0	1	2	3 4	5	6	7	
2.	Threatened to hit or throw something at a family member		0	1	2	3 4	5	6	7	
3.	Threw something at family member			1	2	3 4	5	6	7	
4.	Pushed, grabbed, or shoved a family member				2	3 4	5	6	7	
5.	Hit (or tried to hit) a family member but <i>not</i> with anything hard				2	3 4	5	6	7	
6.	Hit (or tried to hit) a family member with something hard		0	1	2	3 4	5	6	7	

## The next section will focus on change.

Please circle the most accurate answer applicable for your intimate partner relationship for the <u>last month</u>.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	All I see ahead of me are bad things, not good things	0	2	3	4
2.	There's no use in really trying to get something I want because I probably won't get it	1	2	3	4
3.	I might as well give up because I can't make things better for myself	1	2	3	4
4.	I don't have good luck now and there's no reason to think I will when I get older	1	2	3	4
5.	I never get what I want, so it's dumb to want anything	1	2	3	4
6.	I don't expect to live a very long life	1	2	3	4

## The next section will focus on your behavior in the family.

Please rate the degree to which you have experienced the following problems in the past 30 days.

Not at All	t Once or twice	Several times	Often	Most of the time	All of the time
Arguing with others0	1	2	3	4	5
Getting into fights0	1	2	3	4	5
Yelling, swearing, or screaming at others	1	2	3	4	5
Fits of anger0	1	2	3	4	5
Refusing to do things teachers or parents ask	1	2	3	4	5
Causing trouble for no reason	1	2	3	4	5
Using drugs or alcohol0	1	2	3	4	5
Breaking rules or breaking the law (out past curfew, stealing)0	1	2	3	4	5
Skipping school or classes	1	2	3	4	5
Lying0	1	2	3	4	5
Can't seem to sit still, having too much energy0	1	2	3	4	5
Hurting self (cutting or scratching self, taking pills)	1	2	3	4	5
Talking or thinking about death0	1	2	3	4	5
Feeling worthless or useless	1	2	3	4	5
Feeling lonely and having no friends	1	2	3	4	5
Feeling anxious or fearful0	1	2	3	4	5
Worrying that something bad is going to happen0	1	2	3	4	5
Feeling sad or depressed0	1	2	3	4	5
Nightmares0	1	2	3	4	5
Eating problems0	1	2	3	4	5
	Arguing with others	Arguing with others	Arguing with others	Arguing with others.       All twice times         Getting into fights.       0       1       2       3         Getting into fights.       0       1       2       3         Yelling, swearing, or screaming at others.       0       1       2       3         Fits of anger.       0       1       2       3         Refusing to do things teachers or parents ask.       0       1       2       3         Causing trouble for no reason.       0       1       2       3         Using drugs or alcohol.       0       1       2       3         Using drugs or breaking the law (out past curfew, stealing).       0       1       2       3         Breaking rules or breaking the law (out past curfew, stealing).       0       1       2       3         Skipping school or classes.       0       1       2       3         Lying.       0       1       2       3         Lying.       0       1       2       3         Hurting self (cutting or scratching self, taking pills)       0       1       2       3         Hurting self (cutting or scratching self, taking pills)       0       1       2       3         Feeling worthless or	Arguing with others.       All       twice       times       the time         Getting into fights.       0       1       2       3       4         Yelling, swearing, or screaming at others       0       1       2       3       4         Yelling, swearing, or screaming at others       0       1       2       3       4         Fits of anger       0       1       2       3       4         Refusing to do things teachers or parents ask       0       1       2       3       4         Causing trouble for no reason       0       1       2       3       4         Using drugs or alcohol       0       1       2       3       4         Using drugs or alcohol       0       1       2       3       4         Breaking rules or breaking the law (out past curfew, stealing)       0       1       2       3       4         Skipping school or classes       0       1       2       3       4         Lying       0       1       2       3       4         Lying       0       1       2       3       4         Hurting self (cutting or scratching self, taking pills)       0       1 <td< td=""></td<>

Please rate the degree to which your problems affect your current ability in everyday activities.

		Extreme troubles	Quite a few troubles	Some troubles	OK	Doing very well
1.	Getting along with friends	0	1	2	3	4
2.	Getting along with family	0	1	2	3	4
3.	Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4.	Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5.	Keeping neat and clean, looking good	0	1	2	3	4
6.	Caring for health needs and keeping good health habits (taking medicines	s0	1	2	3	4
	or brushing teeth)					
7.	Controlling emotions and staying out of trouble	0	1	2	3	4
8.	Being motivated and finishing projects	0	1	2	3	4
9.	Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10.	Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11.	Completing household chores (cleaning room, other chores)	0	1	2	3	4
12.	Attending school and getting passing grades in school	0	1	2	3	4
13.	Learning skills that will be useful for future jobs	0	1	2	3	4
14.	Feeling good about self	0	1	2	3	4
15.	Thinking clearly and making good decisions	0	1	2	3	4

16.	Concentrating, paying attention, and completing tasks		1		2		3		4	
17.	Earning money and learning how to use money wisely		1		2		3		4	
18.	Doing things without supervision or restrictions		1		2		3		4	
19.	Accepting responsibility for actions		1		2		3		4	
20.	Ability to express feelings		1		2		3		4	
Ple	ase indicate the extent to which the statement describes <b>your family</b> <u>right now</u> .									
	Describes us very wel	!!	well	l	ра	rtly	not well	not	at all	Į.
1.	In my family we talk to each other about things which matter to us		2		•	3	4		5	
2.	People often don't tell each other the truth in my family		2			3	4		5	
3.	Each of us gets listened to in our family		2			3	4		5	
4.	It feels risky to disagree in our family1		2			3	4		5	
5.	We find it hard to deal with everyday problems		2			3	4		5	
6.	We trust each other1		2			3	4		5	
7.	It feels miserable in our family		2			3	4		5	
8.	When people in my family get angry they ignore each other on purpose 1		2			3	4		5	
9.	We seem to go from one crisis to another in my family		2			3	4		5	
10.	When one of us is upset they get looked after within the family		2			3	4		5	
11.			2			3	4		5	
	People in the family are nasty to each other		2			3	4		5	
	People in my family interfere too much in each other's lives		2			3	4		5	
	In my family we blame each other when things go wrong		2			3	4		5	
	We are good at finding new ways to deal with things that are difficult		2			3	4		5	
	ase indicate the extent to which you tend to agree or disagree with each statement as	s a des		tion (		-	f.			
	and managed the chiefle to wind you come to agree of alloughed with case statements as		ever		Sela		Sometim	05	Alway:	c
			ue		true		Sometim	cs .	true	,
1.	I have a hard time controlling my temper	•••••	1		2		3		4	
2.	I get so frustrated I feel ready to explode				2		3		4	
3.	I get upset easily				2		3		4	
4.	I am afraid I will lose control over my feelings				2		3		4	
5.	I slam doors when I am mad				2		3		4	
6.	I get distracted by little things		1		2		3		4	
7.	I get fidgety after a few minutes if I am supposed to sit still		1		2		3		4	
8.	I have a hard time sitting still during important tasks				2		3		4	
9.	I find that I bounce my legs or fiddle with objects		1		2		3		4	
Usi	ng the following key, please indicate the extent to which each statement is true about	ıt you	r mo	ther	and f	ather	•			
	1 2 3	4					5			
A	most never or never true Not true very often Sometimes true Of	ten tru	ıe		Aln	nost a	always or a	lway	s true	
			-	Moth				Fath		
1.	My mother/father respect(s) my feelings		2	3	4	5	1 2		4	5
2.	I feel my mother/father does a good job as my mother/father		2	3	4	5	1 2		4	5
3.	I wish I had a different mother/father		2	3	4	5	1 2		4	5
4.	My mother/father accept(s) me as I am		2	3	4 4	5 5	1 2		4	5
5. 6	I like to get my mother's/father's point of view on things I am concerned about  I feel it's no use letting my feelings show around my mother/father		2 2	3	4	5	1 2 1 2		4	5 5
6. 7.	My mother/father can tell when I'm upset about something		2	3	4	5	1 2		4	5
7. 8.	Talking over my problems with my mother/father makes me feel ashamed or foolis		2	3	4	5	1 2		4	5
o. 9.	My mother/father expects too much from me		2	3	4	5	1 2		4	5
	I get upset easily around my mother/father		2	3	4	5	1 2		4	5
	I get upset a lot more than my mother/father knows about		2	3	4	5	1 2		4	5
	When we discuss things, my mother/father cares about my point of view		2	3	4	5	1 2		4	5
	My mother/father trusts my judgment		2	3	4	5	1 2		4	5
	My mother/father has her/his own problems, so I don't bother him/her with mine		2	3	4	5	1 2		4	5
	<del>-</del>									

15	My mother/fether halps m	a to understand musclf h	attar			1	2	3 4	4 5	1	2	3	4	5
	My mother/father helps m I tell my mother/father ab	-					2		4 5 4 5	1	2 2	3	4	5 5
	-									1	2		4	5
	I feel angry with my moth						2		_	1		3		
	I don't get much attention from my mother/father						2		4 5	1	2	3	4	5
	•	•					2		4 5	1	2	3	4	5
	My mother/father underst						2		4 5	1	2	3	4	5
	When I am angry about so				_		2		4 5	1	2	3	4	5
	I trust my mother/father						2		4 5	1	2	3	4	5
	My mother/father doesn't						2		4 5	1	2	3	4	5
	I can count on my mother	_	_	-			2	3	4 5	1	2	3	4	5
25.	If my mother/father know	s something is bothering	me, she/he asl	ks me al	bout it	1	2	3	4 5	1	2	3	4	5
26.	I get frustrated with my m	other/father				1	2	3	4 5	1	2	3	4	5
27.	I don't like being around	my mother/father				1	2	3	4 5	1	2	3	4	5
28.	I am constantly yelling an	d fighting with my moth	er/father			1	2	3 4	4 5	1	2	3	4	5
29.	When I feel sad and lonel	y, I spend time with my	mother/father			1	2	3 4	4 5	1	2	3	4	5
30.	I don't like my mother/fat	ther to be near me				1	2	3 4	4 5	1	2	3	4	5
31.	I need a lot of reassurance	that my mother/father lo	oves me			1	2	3 4	4 5	1	2	3	4	5
	Sometimes I act upset so	•					2	3 4	4 5	1	2	3	4	5
		,										_		-
The	next section will focus	s on health and sleen	for the last 4	weeks	s. Would	l vou re	nort v	our. V	Weight	t·				
	In general, would you say		Excellent		y Good		Good		Fair		_	Po	or	
	<i>S</i> , , , ,	, <u>——</u>			,									
2.	Are you limited in any or	f the following activities	due to HEAL	ΓH prob	olems:									
	a. Doing things that to	ake some energy such as												
	riding a bike or ska	ting	Yes, limited	a lot	Yes, Lim	ited Son	ne	Yes, l	imited	a little	No,	not a	t all	
	b. Bending, lifting, or	stooping?	Yes, limited	a lot	Yes, Lim	ited Son	ne	Yes, l	imited	a little	No,	not a	t all	
3.	Are you limited in the K	IND of schoolwork or ac	tivities with fr	iends he	e/she cou	ıld do be	ecaus	e of P	HYSIC	CAL hea	lth?			
			Yes, limited	a lot	Yes Lim	ited Son	ne	Yes 1	imited	a little	No,	not a	t all	
4	A 1224 . 1 241 . 17.	DVD - C - d - d - d - d - d - d - d - d - d					,,,	105, 1	imitoti	a mme	110,	noi a	· · · · · · · · · · · · · · · · · · ·	
4.	Are you limited in the K	IND of schoolwork or ac	tivities with ir	ienas ne	e/sne cou	iia ao								
			Yes, limited	a lot	Yes, Lim	ited Son	ne	Yes, l	imited	a little	No,	not a	t all	
5.	How much bodily pain o	or discomfort have you ha	ad?											
	None	Very Mild		Moderai	te	Sever	e		V	ery Seve	ere			
6.	How satisfied do you fee				~			. ,	,			. ,		
	Very satisfied	Somewhat satisfied	Neither satis	v	Somew	hat diss	atisfi	ed		Very dis	satisfi	ied		
			Nor dissatisfi	ied										
7.	How satisfied do you fee	el about vour life overall?	•											
7.	Very satisfied	Somewhat satisfied	Neither satis	sfied	Somew	hat diss	atisfi	ed	1	Very dis	satisf	ied		
	r er y sattsfred	Somewhat Satisfied	Nor dissatisfi		Somen	ricit citiss	ceresj.		,	ery aus.	, ceres j			
8.	How much of the time do	o you act bothered or ups	set?											
	All of the time	Most of the time	Some of the t	ime	A little	of the t	ime		1	None of	the ti	me		
9.	Compared to other children			your be		:			,	D				
TU.	Excellent	Very good	Good		Fair				1	Poor				
	e next section will focu	_		411 -	c 1	14-C	C		ſ	1 1:441	ſ	<b>N</b> T		
но	w often during the past 4	weeks ald you		All of the ti		<i>lost of</i> he time		ome o ne timo	•	4 little o the time	J		ıe of time	
1.	Get enough sleep to feel	rested upon waking in th	e morning?		ine II	1e 11me 2	ir	ie timo 3	e l	ne time 4		ine	ume 5	
		-	_							_				
2.	Awaken short breath or v					2		3		4			5	
3.	Have trouble falling asle	=				2		3		4			5	
4.	Awaken during your slee	=				2		3		4			5	
5.	Have trouble staying awa	ake during the day?		1		2		3		4			5	
6.	Get the amount of sleep	you needed?		1		2		3		4			5	