

Therapist ID:

Sex:

Session #:

Client #:

Name:

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

Family Adolescent Follow-up

The first section will focus on individual depression and anxiety over the last 2 weeks. All information is confidential.

	<i>All the time</i>	<i>Most times</i>	<i>More than half the time</i>	<i>Less than half the time</i>	<i>Some- times</i>	<i>At no time</i>
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. when reading 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?	5	4	3	2	1	0
9. Have you had trouble sleeping at night?	5	4	3	2	1	0
10. (A) Have you suffered from reduced appetite?	5	4	3	2	1	0
(B) Have you suffered from increased appetite?	5	4	3	2	1	0

	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying.....	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing.....	0	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

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
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

Using the following key, how often did **YOU** do the following during the PAST 4 WEEKS?

	<i>0 Never</i>	<i>1 Once</i>	<i>2 Twice</i>	<i>3 3-5 times</i>	<i>4 6-10 times</i>	<i>5 11-20 times</i>	<i>6 more than 20 times</i>	<i>7 Happened but not in past year</i>
1. Threw something (but not at a family member) or smashed something.....	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 <i>not</i> with anything hard	0	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

Using the same key as above, how often did **YOUR PARENTS** do the following during the PAST 4 WEEKS?

1. Threw something (but not at a family member) or smashed something.....	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 <i>not</i> with anything hard	0	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

The next section will focus on change.

Please circle the most accurate answer applicable for your intimate partner relationship for the last month.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. All I see ahead of me are bad things, not good things.....	1	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.

	<i>Not at All</i>	<i>Once or twice</i>	<i>Several times</i>	<i>Often</i>	<i>Most of the time</i>	<i>All of the time</i>
1. Arguing with others.....	0	1	2	3	4	5
2. Getting into fights.....	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask.....	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing).....	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying.....	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy.....	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed.....	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

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

	<i>Extreme troubles</i>	<i>Quite a few troubles</i>	<i>Some troubles</i>	<i>OK</i>	<i>Doing very well</i>
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	0	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	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Describes us... very well well partly not well not at all

Please indicate the extent to which you tend to agree or disagree with each statement as a description of yourself.

Using the following key, please indicate the extent to which each statement is true about your mother and father.

15. My mother/father helps me to understand myself better	1	2	3	4	5	1	2	3	4	5
16. I tell my mother/father about my problems and troubles	1	2	3	4	5	1	2	3	4	5
17. I feel angry with my mother/father	1	2	3	4	5	1	2	3	4	5
18. I don't get much attention from my mother/father	1	2	3	4	5	1	2	3	4	5
19. I talk to my mother/father about my difficulties.....	1	2	3	4	5	1	2	3	4	5
20. My mother/father understand(s) me	1	2	3	4	5	1	2	3	4	5
21. When I am angry about something, my mother/father tries to be understanding.....	1	2	3	4	5	1	2	3	4	5
22. I trust my mother/father	1	2	3	4	5	1	2	3	4	5
23. My mother/father doesn't understand what I am going through these days.....	1	2	3	4	5	1	2	3	4	5
24. I can count on my mother/father when I need to get something off my chest	1	2	3	4	5	1	2	3	4	5
25. If my mother/father knows something is bothering me, she/he asks me about it.....	1	2	3	4	5	1	2	3	4	5
26. I get frustrated with my mother/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 and fighting with my mother/father	1	2	3	4	5	1	2	3	4	5
29. When I feel sad and lonely, I spend time with my mother/father.....	1	2	3	4	5	1	2	3	4	5
30. I don't like my mother/father to be near me	1	2	3	4	5	1	2	3	4	5
31. I need a lot of reassurance that my mother/father loves me	1	2	3	4	5	1	2	3	4	5
32. Sometimes I act upset so my mother/father will comfort me	1	2	3	4	5	1	2	3	4	5

The next section will focus on health and sleep for the last 4 weeks. Would you report your: **Weight:** _____

- In general, would you say your Child's Health is: *Excellent* *Very Good* *Good* *Fair* *Poor*
- Are you limited in any of the following activities due to HEALTH problems:
 - Doing things that take some energy such as riding a bike or skating *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*
 - Bending, lifting, or stooping? *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*
- Are you limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health? *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*
- Are you limited in the KIND of schoolwork or activities with friends he/she could do *Yes, limited a lot* *Yes, Limited Some* *Yes, limited a little* *No, not at all*
- How much bodily pain or discomfort have you had?
None *Very Mild* *Mild* *Moderate* *Severe* *Very Severe*
- How satisfied do you feel about your friendships?
Very satisfied *Somewhat satisfied* *Neither satisfied Nor dissatisfied* *Somewhat dissatisfied* *Very dissatisfied*
- How satisfied do you feel about your life overall?
Very satisfied *Somewhat satisfied* *Neither satisfied Nor dissatisfied* *Somewhat dissatisfied* *Very dissatisfied*
- How much of the time do you act bothered or upset?
All of the time *Most of the time* *Some of the time* *A little of the time* *None of the time*
- Compared to other children your age, in general would you say your behavior is:
Excellent *Very good* *Good* *Fair* *Poor*

The next section will focus on sleep.

How often during the past 4 weeks did you...

	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
1. Get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5
2. Awaken short breath or with a headache?	1	2	3	4	5
3. Have trouble falling asleep?	1	2	3	4	5
4. Awaken during your sleep time and have trouble falling asleep?	1	2	3	4	5
5. Have trouble staying awake during the day?	1	2	3	4	5
6. Get the amount of sleep you needed?	1	2	3	4	5