

Name:  
Therapist ID:

Session:  
Client #:

## AUBURN MFT CLINIC: *Family Adolescent Follow-up*

**This section will focus on your individual symptoms related to depression and anxiety over the last 2 weeks.**

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless .....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much .....	0	1	2	3
4. Feeling tired or having little energy .....	0	1	2	3
5. Poor appetite or overeating .....	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television .....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed; Or being so fidgety or restless that you have been moving around a lot more than usual .....	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself .....	0	1	2	3
	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
10. 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
	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
11. Feeling nervous, anxious or on edge .....	0	1	2	3
12. Not being able to stop or control worrying .....	0	1	2	3
13. Worrying too much about different things .....	0	1	2	3
14. Trouble relaxing.....	0	1	2	3
15. Being so restless that it is hard to sit still .....	0	1	2	3
16. Becoming easily annoyed or irritable.....	0	1	2	3
17. 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>
18. 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

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

<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3-5 times</i>	<i>6-10 times</i>	<i>11-20 times</i>	<i>more than 20 times</i>	<i>Happened but not in past year</i>

Using the following key, how often did **YOU** 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

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

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

**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 health and sleep for the last 4 weeks.**

Would you report your: **Weight:** \_\_\_\_\_

**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

**The next section will focus on school.**

How true are the following statements?

	1=Never Almost never true	←	→	5=Very often/ Always true	
1. I enjoy doing things and talk with peers .....	1	2	3	4	5
2. I get into conversations with adults (e.g., teachers, staff) at the school .....	1	2	3	4	5
3. I share feelings and ideas with peers.....	1	2	3	4	5
4. I actively participate in topic clubs (e.g., political, history, science, honors).....	1	2	3	4	5
5. I talk to teachers and staff about things other than class .....	1	2	3	4	5
6. I actively participate in the school newspaper or yearbook .....	1	2	3	4	5
7. I help other students who might need assistance (e.g., lost, sick, or hurt).....	1	2	3	4	5
8. I ask questions in class when I don't understand the material .....	1	2	3	4	5
9. I actively participate in drama (e.g., school plays) or music (e.g., band). .....	1	2	3	4	5
10. I express liking and caring for my friends.....	1	2	3	4	5
11. I actively participate in student government .....	1	2	3	4	5
12. I join in class discussions.....	1	2	3	4	5
13. I am comfortable joking with teachers and staff .....	1	2	3	4	5
14. I actively participate in school sports/athletics (e.g., volleyball, track, football) .....	1	2	3	4	5

How often did the following occur in front of you before therapy and now you've been in therapy.

	1= Never	←	→	4=Very Often				
	<b>Before Therapy</b>				<b>During Therapy</b>			
	<b>30 days Before</b>				<b>Last 30 days</b>			
1. When your parents disagreed how often did they threaten each other .....	1	2	3	4	1	2	3	4
2. When your parents disagreed how often did they yell at each other .....	1	2	3	4	1	2	3	4
3. When your parents disagreed how often did they insult (disrespect) each other .....	1	2	3	4	1	2	3	4

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|----|--|---|---|---|---|---|---|---|---|
| 4. | When your parents disagreed how often did they call each other names .....   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 5. | How often does one of your parent try to get you to side with them?.....   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 6. | How often does one of your parents send a message to the other through you<br>because they don't want to talk to the other parent? ..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 7. | How often do you feel caught in the middle when your parents fight?.....   | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 8. | How often do you feel torn between your parents?.....  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 9. | How often does one parent ask you to spy or check up on the other parent? .....  | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |