Name:	
Therapist	ID:

Session: Client #:

AUBURN MFT CLINIC: Family Adult Follow-up

This section will focus on your individual symptoms related to depression and anxiety over the <u>last 2 weeks</u>.

	, , , , , , , , , , , , , , , , , , ,	Not at All	Several Days	More than Half the Days	Nearly Every Day
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
		Not Difficult	Somewhat	Very	Extremely
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
		Not at All	Several	More than Half	Nearly
11	Feeling nervous, anxious or on edge	0	Days 1	the Days 2	Every Day 3
			1	2	3
12.			1		
	Worrying too much about different things		1	2	3
	Trouble relaxing		1	2	3
	Being so restless that it is hard to sit still		1	2	3
	Becoming easily annoyed or irritable		1	2	3
17.	Feeling afraid as if something awful might happen	0	1	2	3
		Not Difficult	Somewhat	Very	Extremely
18.	How difficult have these problems made it for you to do	33		, and the second second	
	your work, take care of the home, or get along with others'	? 0	1	2	3
	0 1 2 3 4	5	6		7
	ever Once Twice 3-5 Times 6-10 Times	11-20 Times Me	ore than 20 Tin	nes Hannened l	out Not in Past Year
110	ever once twice 3.3 times 5.10 times	11 20 Times m	ore man 20 1m	nes Trappenea e	mi itoi in i disi i cai
Usi	ng the following key, how often did \underline{YOU} do the following				
1.	Threw something (but not at a family member) or smashed			2 3 4	5 6 7
2.	Threatened to hit or throw something at a family member.			2 3 4	5 6 7
3.	Threw something at family member			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			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
Usi	ng the same key as above, how often did YOUR CHILD do	the following duri	ng the PAST 4	WEEKS?	
1.	Threw something (but not at a family member) or smashed	_	_	2 3 4	5 6 7
1.	Time sometimes (out not at a raining memoer) of smasher	. 50mcanng	0 1	2 3 4	5 0 1

2.	Threatened to hit or throw something at a family member	1	2	3	4	5	6	7
3.	Threw something at family member0	1	2	3	4	5	6	7
4.	Pushed, grabbed, or shoved a family member0	1	2	3	4	5	6	7
5.	Hit (or tried to hit) a family member but <i>not</i> with anything hard0	1	2	3	4	5	6	7
6.	Hit (or tried to hit) a family member with something hard0	1	2	3	4	5	6	7

The next section will focus on behavior of the child with the presenting problem in therapy.

Please rate the degree to which your child has experienced the following problems in the past 30 days.

	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	1 wice	2	3	4	5
2.	Getting into fights	1	2	3	4	5
3.	Yelling, swearing, or screaming at others0	1	2	3	4	5
4.	Fits of anger0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	1	2	3	4	5
6.	Causing trouble for no reason	1	2	3	4	5
7.	Using drugs or alcohol0	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	1	2	3	4	5
10.	Lying0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy0	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 death0	1	2	3	4	5
14.	Feeling worthless or useless	1	2	3	4	5
15.	Feeling lonely and having no friends0	1	2	3	4	5
16.	Feeling anxious or fearful0	1	2	3	4	5
17.	Worrying that something bad is going to happen0	1	2	3	4	5
18.	Feeling sad or depressed0	1	2	3	4	5
19.	Nightmares0	1	2	3	4	5
20.	Eating problems0	1	2	3	4	5

Rate the degree to which your child's problems affect his or her current ability in activities. Consider your child's level of functioning.

*Extreme Quite a few Some OK Doing**

	Extreme	Quite a few	Some	OK	Doing
	Troubles	Troubles	Troubles		Very Well
1.	Getting along with friends	1	2	3	4
2.	Getting along with family0	1	2	3	4
3.	Dating or developing relationships with boyfriends or girlfriends0	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 good0	1	2	3	4
6.	Caring for health needs and keeping good health habits (taking medicines				
	or brushing teeth)	1	2	3	4
7.	Controlling emotions and staying out of trouble0	1	2	3	4
8.	Being motivated and finishing projects	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 school0	1	2	3	4
13.	Learning skills that will be useful for future jobs0	1	2	3	4
14.	Feeling good about self0	1	2	3	4
15.	Thinking clearly and making good decisions	1	2	3	4
16.	Concentrating, paying attention, and completing tasks0	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		0 1	2	3	4
19. Accepting responsibility for actions			2	3	4
20. Ability to express feelings		0 1	2	2 3	4
The next section will focus on health and sleep. Would y 1. During the <u>last month</u> how many times have you visited me surgeons or medical specialists, physicians assistants or medical specialists.	edical providers	such as primar	•	mily doctors,	
2. During the <u>last month</u> how many nights have you stayed in	a hospital?				
3. Do you have health insurance? <u>Circle the best answer</u> .	NO	YES			
How often during the past 4 weeks did you	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
1. Get enough sleep to feel rested upon waking in the morning		2	3	4	5
2. Awaken short breath or with a headache?	1	2	3	4	5
3. Have trouble falling asleep?		2	3	4	5
4. Awaken during your sleep time and have trouble falling asle	eep? 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
If you are in an adult relationship, please complete the	following sect	ion.			
1. Please indicate the degree of happiness, all things considere	ed, of your relation	onship. <u>Circle</u>	the best ans	swer.	
Extremely Unhappy Fairly Unhappy A Little Unhappy 0 1 2	<i>Нарру</i> 3	Very Happy 4		ely Happy 5	Perfect 6
	All True Tr		True	Completely True	Completely True
2. I have a warm and comfortable relationship with my partner.	0 1	2	3	4	5
3. How rewarding is your relationship with your partner?	0 1	2	3	4	5
4. In general, how satisfied are you with your relationship?	0 1	2	3	4	5
Over the past 4 weeks, how satisfied have you been:	Very Dissatisfied	Moderately Dissatisfied		ied/ Sat	erately Very isfied Satisfied
1. With the amount of emotional closeness during sexual activ				v	
between you and your partner?		2	3		4 5
2. With your sexual relationship with your partner?3. How satisfied have you been with your overall sexual life?.		2 2	3		4 5 4 5
5. How satisfied have you been with your overall sexual file:.	1	2	3		+ 3
Please mark the most accurate answer applicable for your econo	mic situation ea	ch month.			
1. At the end of the month we have:		<u></u>			
more than enough money left over some money left over	Just enough	ı to make ends	meet no	ot enough to m	akes ends meet
1 2		3		2	1
			Strongly Disagree	Disagree Ag	Agree
2. We are able to afford adequate housing, clothing, food, and	medical care		1	2	3 4
3. How much difficulty have you and your spouse had in payin A little difficulty some difficulty quite a bit of	ng bills during th	ne past 12 mon a great deal		J.	
•	3	a great dear	or announty	,	