

Name:
Therapist ID:

Session:
Client #:

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

Individual Adult Follow-up

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

	<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	0	1	2	3
2. Feeling down, depressed, or hopeless0	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much0	0	1	2	3
4. Feeling tired or having little energy0	0	1	2	3
5. Poor appetite or overeating0	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down0	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television0	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 usual0	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself.....0	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	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	0	1	2	3
12. Not being able to stop or control worrying0	0	1	2	3
13. Worrying too much about different things0	0	1	2	3
14. Trouble relaxing.....0	0	1	2	3
15. Being so restless that it is hard to sit still0	0	1	2	3
16. Becoming easily annoyed or irritable0	0	1	2	3
17. Feeling afraid as if something awful might happen0	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	0	1	2	3

The next section will focus on the stress, sexuality, health, sleep.

The questions in this scale ask you about your **feelings and thoughts** during the last month.

	<i>Never</i>	<i>Almost Never</i>	<i>Sometimes</i>	<i>Fairly Often</i>	<i>Very Often</i>
1. How often have you been upset because of something that happened unexpectedly?..... 0	0	1	2	3	4
2. How often have you felt that you were unable to control the important things in your life? 0	0	1	2	3	4
3. How often have you felt nervous and “stressed”?..... 0	0	1	2	3	4
4. How often have you felt confident about your ability to handle your personal problems?..... 0	0	1	2	3	4
5. How often have you felt that things were going your way?..... 0	0	1	2	3	4
6. How often have you found that you could not cope with all the things that you had to do?..... 0	0	1	2	3	4
7. How often have you been able to control irritations in your life?..... 0	0	1	2	3	4
8. How often have you felt that you were on top of things? 0	0	1	2	3	4

9. How often have you been angered because of things that were outside of your control? 0 1 2 3 4
10. How often have you felt difficulties were piling up so high that you could not overcome them?..... 0 1 2 3 4

How often have you experienced the following symptoms over the last two months? *Never*-----*Often*

Sexual problems	0	1	2	3
Low sex drive	0	1	2	3
Sexual over-activity	0	1	2	3
Not feeling satisfied with your sex life	0	1	2	3
Having sex that you didn't enjoy	0	1	2	3
Bad thoughts or feelings during sex.....	0	1	2	3
Being Confused about your sexual feelings	0	1	2	3
Sexual feelings when you shouldn't have them	0	1	2	3

Would you be willing to report your: **Weight:** _____

During the last month how many times have **you** visited medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physicians assistants or medical nurse practitioners as an outpatient? _____

During the last month how many nights have **you** stayed in a hospital? _____

Do **you** have health insurance? Circle the best answer. *NO YES*

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>
Get enough sleep to feel rested upon waking in the morning?.....	1	2	3	4	5
Awaken short breath or with a headache?.....	1	2	3	4	5
Have trouble falling asleep?.....	1	2	3	4	5
Awaken during your sleep time and have trouble falling asleep?.....	1	2	3	4	5
Have trouble staying awake during the day?	1	2	3	4	5
Get the amount of sleep you needed?	1	2	3	4	5

Please mark the most accurate answer applicable for your economic situation each month.

1. At the end of the month we have:

more than enough money left over *some money left over* *Just enough to make ends meet* *not enough to makes ends meet*

1 2 3 4

2. We are able to afford adequate housing, clothing, food, and medical care

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

1 2 3 4

3. How much difficulty have you and your spouse had in paying bills during the past 12 months?

A little difficulty *some difficulty* *quite a bit of difficulty* *a great deal of difficulty*

1 2 3 4

The next section will focus on change.

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

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I may be part of the problems, but I don't really think I am	1	2	3	4	5
2. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
3. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
4. I would rather cope with my faults than try to change them.....	1	2	3	4	5