

## Brief Child and Family Follow-Up Survey for Adolescents

Your Name:
Your Date of Birth:
Today's date:
Can we call you, or send another survey, in about 6 months for further follow-up?
Phone Number where we can reach you:
Best time of day to call:
Address where we can send another survey in 6 months: (if different from address to which we sent this survey):

***Below are examples of problems which people sometimes have.  
Tell us whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true'.***

<b><i>Do you notice that you .....</i></b>	<b>never</b> (1)	<b>sometimes</b> (2)	<b>often</b> (3)
are easily distracted or have trouble sticking to activities			
fail to finish things you start			
have difficulty following directions or instructions			
are impulsive, or that you act without stopping to think			
jump from one activity to another			
fidget			
<b><i>Do you notice that you .....</i></b>	<b>never</b> (1)	<b>sometimes</b> (2)	<b>often</b> (3)
are cranky			
are defiant, or that you talk back to people			
blame others for your own mistakes			
are easily annoyed by others			
argue a lot with adults			
are angry and resentful			

<b><i>Do you .....?</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
steal things at home			
destroy things belonging to others			
damage school or other property			
have you broken into someone else's house, building, or car			
do you physically attack people			
do you use weapons when fighting			
<b><i>Do you notice that you .....?</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
worry that something bad will happen to the people you are close to			
worry about being separated from those you are close to			
are scared to go to sleep without your parents nearby			
become overly upset when leaving someone you are close to			
become overly upset while away from someone you are close to			
feel sick before being separated from those you are close to			
<b><i>Do you notice that you .....?</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
worry about doing better at things			
worry about your past behaviour			
worry about doing the wrong thing			
worry about things in the future			
are afraid of making mistakes			
are overly anxious to please people			
<b><i>Do you notice that you .....?</i></b>	<b>never (1)</b>	<b>sometimes (2)</b>	<b>often (3)</b>
have no interest in your usual activities			
get no pleasure from your usual activities			
have trouble enjoying yourself			
are not as happy as other children			
feel hopeless			
are unhappy, sad, or depressed			

**Tell us how these problems have affected you. Is it 'NONE', 'A LITTLE' OR 'A LOT'?**

	none (1)	a little (2)	a lot (3)
How much have you withdrawn or isolated yourself as a result of these problems?			
How much have you been doing things less with other kids as a result of these problems?			
How much has your life become less enjoyable as a result of these problems?			
How much have you been irritable or fighting with friends as a result of these problems?			
How much trouble have you had getting along with your teachers as a result of these problems?			
How much trouble have you had getting along with your parents as a result of these problems?			
How much have you missed school as a result of these problems?			
How much have your grades gone down as a result of these problems?			

**Please rate the service that you received.**

<b>How would you rate ..?</b>	poor	fair	good	very good	excellent
The convenience of the location where you received service					
How long you were on the waiting list for service					
The time of day when services were scheduled					
The courtesy and respectfulness of staff at the clinic/agency					
Information you were given regarding your concerns					
Ways you learned to deal with your concerns					
Opportunities to help make decisions about the types of assistance you'd be given					
The helpfulness of the service you received					
Overall, how would you rate the quality of the service you received?					

**Thank you!**

**Please return the completed form in the attached envelope, or to the address below:**