

Brief Child and Family Follow-Up Survey for Parents

| |
|---|
| Name of child described in this survey: |
| Child's Date of Birth: |
| Your name (person providing this information): |
| Your relationship to child: |
| 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): |

Here are some are examples of problems which children sometimes have. Please check whether each is NEVER true, SOMETIMES true, or OFTEN true of your child:

| <i>Do you notice that your child...</i> | never | sometimes | often |
|---|--------------|------------------|--------------|
| is distractible or has trouble sticking to an activity? | | | |
| fails to finish things he/she starts? | | | |
| has difficulty following directions or instructions? | | | |
| is impulsive or acts without stopping to think? | | | |
| jumps from one activity to another? | | | |
| fidgets? | | | |
| | never | sometimes | often |
| is cranky? | | | |
| is defiant or talks back to adults? | | | |
| blames others for his/her own mistakes? | | | |
| is easily annoyed by others? | | | |
| argues a lot with adults? | | | |
| is angry and resentful? | | | |

| <i>Does your child...</i> | never | sometimes | often |
|---|--------------|------------------|--------------|
| steal things at home? | | | |
| destroy things belonging to others? | | | |
| engage in vandalism ? | | | |
| Has the child broken into a house, building or car? | | | |
| physically attack people? | | | |
| use weapons when fighting? | | | |
| <i>Do you notice that your child...</i> | never | sometimes | often |
| worries that bad things will happen to loved ones? | | | |
| worries about being separated from loved ones? | | | |
| is scared to sleep without parents nearby? | | | |
| is overly upset when leaving loved ones? | | | |
| is overly upset while away from loved ones? | | | |
| complains of feeling sick before separating? | | | |
| | never | sometimes | often |
| worries about doing better at things? | | | |
| worries about past behaviour? | | | |
| worries about doing the wrong thing? | | | |
| worries about things in the future? | | | |
| is afraid of making mistakes? | | | |
| is overly anxious to please people? | | | |
| | never | sometimes | often |
| has no interest in his/her usual activities? | | | |
| gets no pleasure from usual activities? | | | |
| has trouble enjoying him/her self? | | | |
| is not as happy as other children? | | | |
| feels hopeless? | | | |
| seems unhappy, sad, or depressed? | | | |

Next are a few questions about your child's day to day functioning and how all of this may have affected him/her. Please check "NONE", "A LITTLE", or "A LOT".

| | none | a little | a lot |
|---|------|----------|-------|
| How much has your child withdrawn or isolated him\herself as a result of these problems? | | | |
| How much has your child been doing things less with other kids as a result of these problems? | | | |
| How much has your child's life become less enjoyable as a result of these problems? | | | |
| How much trouble does your child have getting along with his/her teachers as a result of these problems? | | | |
| How much trouble has your child had getting along with you or your partner as a result of these problems? | | | |
| How much has your child been irritable or fighting with friends as a result of these problems? | | | |
| How much has your child missed school as a result of these problems? | | | |
| How much have your child's grades gone down as a result of these problems? | | | |

Now, a few questions about family circumstances. Check if they apply "NEVER", "SOMETIMES", "OFTEN", or "ALWAYS".

| | never | sometimes | often | always |
|--|-------|-----------|-------|--------|
| How frequently has your child's behaviour prevented you from taking him/her out shopping or visiting? | | | | |
| How frequently has your child's behaviour made you decide not to leave him/her with a babysitter? | | | | |
| How frequently has your child's behaviour prevented you from having friends, relatives or neighbours to your home? | | | | |
| How frequently has your child's behaviour prevented his/her brothers or sisters from having friends, relatives or neighbours to your home? | | | | |
| How frequently have you quarreled with your spouse regarding your child's behaviour? | | | | |
| How frequently has your child's behaviour caused you to be anxious or worried about his/her chances for doing well in the future? | | | | |
| How frequently have neighbours, relatives or friends expressed concerns about your child's behaviour? | | | | |

The next items describe some ways that people feel at different times. During the past week, how often have you felt or behaved this way?

| | less than 1 day | 1-2 days | 3-4 days | 5 or more days |
|---|-----------------|----------|----------|----------------|
| You did not feel like eating; your appetite was poor. | | | | |
| You had trouble keeping your mind on what you were doing. | | | | |
| You felt depressed. | | | | |
| Your sleep was restless. | | | | |
| You felt sad. | | | | |
| You could not 'get going'. | | | | |

Check how much you agree or disagree with the following statements about your family.

| | strongly agree | agree | disagree | strongly disagree | n/a |
|---|----------------|-------|----------|-------------------|-----|
| In times of crises we can turn to each other for support. | | | | | |
| Individuals (in the family) are accepted for what they are. | | | | | |
| We express feelings to each other. | | | | | |
| We are able to make decisions about how to solve problems. | | | | | |
| We DON'T get along well together. | | | | | |
| We confide in each other. | | | | | |

Please rate the service that you received.

| How would you rate ..? | 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 | | | | | |
| Information you were given to help you understand your child | | | | | |
| Ways you learned to help your child | | | | | |
| Opportunities to help make decisions about services | | | | | |
| 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: