

Unique ID#:

## ADULT SURVEY

## FOLLOW UP

### INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have taken part in this program more than once. If you have never been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

1. How many times (counting today) have you attended this program...
- a. ... in the last **six (6) months**? \_\_\_\_\_ times attended in last 6 months
  - b. ... in the last **three (3) months**? \_\_\_\_\_ times attended in last 3 months
  - c. ... in the **past 30 days**? \_\_\_\_\_ times attend in past 30 days

2. How much did this program help you? *Please check one box.*

- <sub>1</sub> A lot
- <sub>2</sub> Some
- <sub>3</sub> A little
- <sub>4</sub> Not at all

3. How much do you agree or disagree with this statement: I plan to use what I learned in this program? *Please check only one box.*

- <sub>1</sub> Strongly disagree
- <sub>2</sub> Disagree
- <sub>3</sub> Neutral
- <sub>4</sub> Agree
- <sub>5</sub> Strongly agree

4. Here are a few statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

- |                   |   |
|-------------------|---|
| Strongly Agree    | The statement describes your family very accurately.                  |
| Agree             | The statement describes your family for the most part.                |
| Disagree          | The statement <b>does not describe</b> your family for the most part. |
| Strongly Disagree | The statement <b>does not describe</b> your family at all.            |

*Please check one box next to each statement.*

|   | Strongly Agree           | Agree                    | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | (1)                      | (2)                      | (3)                      | (4)                      |
| a. In times of crisis we can turn to each other for support. . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individuals are accepted for what they are                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. We can express feelings to each other. . . .                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. We feel accepted for what we are. . . . .                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. We are able to make decisions about how to solve problems. . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. We confide in each other. . . . .                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about how you are feeling:

5. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Zero                     | One                      | Two                      | Three                    | Four                     | Five                     | Six                      | Seven                    | Eight                    | Nine                     | Ten                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

6. During the past 30 days, about how often did you feel...

*Please check one box on each row.*

|  | All<br>of the time<br>(4) | Most<br>of the time<br>(3) | Some<br>of the time<br>(2) | A little<br>of the time<br>(1) | None<br>of the time<br>(0) |
|--|---------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|
| a. nervous?.....   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |
| b. hopeless?.....  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |
| c. restless or fidgety?.....                             | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |
| d. so depressed that nothing<br>could cheer you up?..... | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |
| e. that everything was an<br>effort?.....                | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |
| f. worthless?.....                                       | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>   |

7. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: \_\_\_\_\_

8. Are you **currently** receiving treatment or counseling for help with emotional problems?

<sub>0</sub> No

<sub>1</sub> Yes

9. Here are some other statements. Please read the sentence and decide how true it is of you in general.

Please check one box on each row.

|   | Never<br>(1)             | Almost<br>Never<br>(1)   | Sometimes<br>(2)         | Fairly<br>Often<br>(3)   | Very<br>Often<br>(4)     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. It is easy for me to stick to my aims and accomplish my goals. . . . .     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am confident that I could deal efficiently with unexpected events. . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I can solve most problems if I try hard enough. . . . .                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I stay calm when facing difficulties because I can handle them. . . . .    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. When I have a problem, I can find several ways to solve it. . . . .        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. How often do you get the social and emotional support that you need? *Please check only one box.*

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Always

**Thank you for doing this survey!**