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.
   □ 1. A lot
   □ 2. Some
   □ 3. A little
   □ 4. 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.
   □ 1. Strongly disagree
   □ 2. Disagree
   □ 3. Neutral
   □ 4. Agree
   □ 5. 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 does not describe your family for the most part.
   Strongly Disagree    The statement does not describe your family at all.

   Please check one box next to each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In times of crisis we can turn to each other for support.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Individuals are accepted for what they are</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. We can express feelings to each other.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. We feel accepted for what we are.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. We are able to make decisions about how to solve problems.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. We confide in each other.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
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.*

<table>
<thead>
<tr>
<th>Zero</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
<th>Six</th>
<th>Seven</th>
<th>Eight</th>
<th>Nine</th>
<th>Ten</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

*Please check one box on each row.*

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. nervous?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. hopeless?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. restless or fidgety?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>d. so depressed that nothing could cheer you up?</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. that everything was an effort?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. worthless?</td>
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</tbody>
</table>

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?

- ☐ No
- ☐ Yes

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RAND ADULT SURVEY – FOLLOW-UP

Ages 18+
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.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. It is easy for me to stick to my aims and accomplish my goals. . . . . . . . . . .
   □ □ □ □ □

b. I am confident that I could deal efficiently with unexpected events. . .
   □ □ □ □ □

c. I can solve most problems if I try hard enough. . . . . . . .
   □ □ □ □ □

d. I stay calm when facing difficulties because I can handle them. . . . . . . .
   □ □ □ □ □

e. When I have a problem, I can find several ways to solve it. . . . . . . . . . .
   □ □ □ □ □

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

□ Never

□ Rarely

□ Sometimes

□ Usually

□ Always

Thank you for doing this survey!