

**AspireMN
FOLLOWUP FORM
CHILD/YOUTH**

For agency use only:

AspireMN AGENCY NO.:

CHILD/CLIENT NO.:

End Service Date: ____ - ____ - ____
Month Day Year

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. Please answer the following questions based on the period of time from end service date to today.

For the following questions please indicate if you strongly disagree, disagree, are undecided, agree, or strongly agree with each of the statements below. If the question is about something you have not experienced, fill in the circle for not applicable to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I am better at handling daily life----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am getting along better with family members----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am getting along better with friends and other people----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am doing better in school and/or work----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am better able to cope when things go wrong----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am satisfied with our family life right now----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am better able to do things I want to do----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I know people who will listen and understand me when I need to talk----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have people that I am comfortable talking with about my problems----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In a crisis, I would have the support I need from family and friends----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have people with whom I can do enjoyable things----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |