

## Family Needs Assessment Survey (Consumer)

Thank you for taking the time to complete this 5-10 minute survey. We want to address your needs and concerns related to health diagnosis, treatment, communication and/or support needs. We will make every effort to address your concerns and provide you with resources.

Your Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name and type of program where you receive services: \_\_\_\_\_

A. Has your family had contact (telephone or face-to-face) with anyone from your mental health treatment team in the past year? YES/NO (circle answer, describe below, and on back if needed)

B. Please describe how you felt about this contact. (Use back if needed)

C. If you have been given a name for your emotional/mental problems, please list here \_\_\_\_\_

D. Below is a list of topics on which people may want assistance. Please circle up to five topics with which you would like to have more assistance, and then put a star next to the topic most important to you right now.

### I WOULD LIKE:

- 1) Information about my mental health issues
- 2) Information about the causes and genetics of mental illness
- 3) To learn the signs/symptoms of my problems
- 4) To learn more about the treatment I am receiving
- 5) To know what support is available to help me obtain independence, (i.e., work and vocational rehabilitation)
- 6) To know what medication I am taking and to learn about benefits & possible side effects from the medication
- 7) To learn the effect that substances (drugs/alcohol) may have on my mental health condition
- 8) Information about what to expect for my future
- 9) To learn better ways in which I can communicate with my loved ones

- 10) To talk about how my illness affects the whole family
- 11) To talk about my feelings toward my loved ones
- 12) To talk about how to cope with my feelings
- 13) To talk to other family members about mental health issues
- 14) Information about how to cope with mental health ups and downs
- 15) To learn more about the availability of consumer support groups
- 16) To know how my family can be directly involved in my treatment
- 17) To learn about social outlets and supports for people with mental health concerns
- 18) To let me family know when there are changes in my condition
- 19) To know what steps to take if/when my when my symptoms get worse
- 20) To learn ways I can contribute to help other people coping with similar challenges in their lives
- 21) To learn more about healthy lifestyles, (e.g. nutrition, exercise)
- 22) To learn ways to educate others that may not be informed about mental health issues
- 23) To learn more about any benefits to which I am entitled
- 24) To learn more about housing options
- 25) To learn more about school options
- 26) To learn more about how to manage my physical health conditions, (e.g. diabetes, high blood pressure)

E) We aim to address any/all concerns and questions you have. Please list other needs or concerns you may have in the space provided and on the back, if needed.

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