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 my family know when there are changes in my condition

19) To know what steps to take if/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.