

## Family Needs Assessment Survey (Relative)

Thank you for taking the time to complete this 5-10 minute survey. We want to address your needs and concerns related to your loved one's mental 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: \_\_\_\_\_  
Loved One's Name: \_\_\_\_\_ Your relationship to this person: \_\_\_\_\_  
Name and type of program your loved one receives services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Have you had contact (telephone or face-to-face) with anyone from your loved one's 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. Were your concerns and needs addressed adequately? \_\_\_\_\_

\_\_\_\_\_

D. How long has your loved one been diagnosed with mental health problems? \_\_\_\_\_  
If you know you're your loved one's diagnosis, please list here \_\_\_\_\_

\_\_\_\_\_

E. 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 loved one's diagnosis
- 2) Information about the causes and genetics of mental illness
- 3) To learn the signs/symptoms of my loved one's illness
- 4) To learn more about the treatment my loved one is receiving
- 5) To know what support is available to help my loved one obtain Independence (i.e., work and vocational rehabilitation)
- 6) To know what medication my loved one is 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 loved one's mental health condition.

- 8) Information about what to expect for my loved one's future
- 9) To learn better ways in which I can communicate with my loved one
- 10) To talk about how my loved one's illness affects the whole family
- 11) To talk about my feelings toward my loved one
- 12) To talk about how to cope with my feelings
- 13) To talk to other family members about mental illness
- 14) Information about how to cope with symptoms of my loved one's illness
- 15) To learn more about the availability of family support groups
- 16) To know how I can be directly involved in my loved one's treatment
- 17) To learn about social outlets and supports for people with mental illness
- 18) To know when there are changes in my loved one's condition
- 19) To know what steps to take if/when my loved one begins to relapse or symptoms get worse
- 20) To learn ways I can contribute to help other families coping with similar challenges in their families
- 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 illnesses
- 23) To learn more about any benefits to which my loved on is entitled
- 24) To learn more about housing options for my loved one
- 25) To learn more about school options for my loved one
- 26) To learn more about how to help my loved one manage physical health conditions (e.g., diabetes, high blood pressure)

F. 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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