

Family Needs Assessment Survey (Family Version)

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 provide you with these resources.

Your Name: _____ 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 VA treatment team? 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 receiving mental health services? _____

E. How long has your loved one been diagnosed with mental health problems? _____

F. If you know your loved one's diagnosis, please list here: _____

G. PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SCALE OF 1-4, USING THE FOLLOWING SCALE:

1 = Not At All Important to Me

2 = Somewhat Important to Me

3 = Important to Me

4 = Very Important to Me

I WOULD LIKE:

- | | | | | |
|--|---|---|---|---|
| 1) Information about my loved one's diagnosis | 1 | 2 | 3 | 4 |
| 2) Information about the causes and genetics of mental illness..... | 1 | 2 | 3 | 4 |
| 3) To learn the signs/symptoms of my loved one's illness..... | 1 | 2 | 3 | 4 |
| 4) To learn more about the treatment my loved one is receiving..... | 1 | 2 | 3 | 4 |
| 5) To know what support is available to help my loved one obtain independence(i.e., work and vocational rehabilitation)..... | 1 | 2 | 3 | 4 |
| 6) To know what medication my loved one is taking and to learn about benefits & possible side effects from the medication..... | 1 | 2 | 3 | 4 |
| 7) To learn the effect that substances (drugs/alcohol) may have on my loved one's mental health condition | 1 | 2 | 3 | 4 |
| 8) Information about what to expect for my loved one's future..... | 1 | 2 | 3 | 4 |
| 9) To learn better ways in which I can communicate with my loved one.. | 1 | 2 | 3 | 4 |
| 10) To talk about how my loved one's illness affects the whole family..... | 1 | 2 | 3 | 4 |
| 11) To talk about my feelings toward my loved one..... | 1 | 2 | 3 | 4 |
| 12) To talk about how to cope with my feelings..... | 1 | 2 | 3 | 4 |
| 13) To talk to other family members about mental illness..... | 1 | 2 | 3 | 4 |
| 14) Information about how to cope with symptoms of my loved one's illness..... | 1 | 2 | 3 | 4 |

- 15) To learn more about the availability of family support groups..... 1 2 3 4
- 16) To know how I can be directly involved in my loved one's treatment.. 1 2 3 4
- 17) To learn about social outlets and supports for people with mental illness..... 1 2 3 4
- 18) To know when there are changes in my loved one's condition..... 1 2 3 4
- 19) To know what steps to take if/when my loved one begins to relapse or symptoms get worse 1 2 3 4
- 20) To see education of professionals in the community on ways to treat people with mental illness (i.e., police, legal system, others, please list) 1 2 3 4
- 21) To learn ways I can contribute to help other families coping with similar challenges in their families..... 1 2 3 4
- 22) To learn ways to educate others that may not be informed about mental health illnesses..... 1 2 3 4
- 23) To learn more about any benefits my loved on is entitled to 1 2 3 4

H) 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.
