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

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 see education of professionals in the community on ways to treat people with mental illness (i.e., police, legal system, others, please list)

21) To learn ways I can contribute to help other families coping with similar challenges in their families

22) To learn ways to educate others that may not be informed about mental health illnesses

23) To learn more about any benefits my loved one is entitled to

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.

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