

My Perception of My Family Member's Current Functioning

His/her name: _____

Form completed by: _____

Your relationship to individual: _____

Date: _____

Specific concerns I have about my family member:

- 1.
- 2.
- 3.

Major family or life events that could be affecting his/her mental health:

Overall, I think my family member's current mental health is: (circle one)

Better than
usual

About normal
for him/her
in past 2 years

A little worse
than usual

The worst
he/she has been in
in past 2 years

My impression of his/her:

- A. Compliance with medications (is he/she taking them as prescribed?):
- B. Current sleeping habits (# of hours/night, naps):
- C. Current use of alcohol or other drugs:
- D. Daily activities:

Questions I have for the doctor:

- 1.
- 2.
- 3.