Needs Assessment Questionnaire for Family Members
Please return to Michelle Sherman, Ph.D., Mental Health Clinic

We are creating some family education programs and would like your input. We want to create a program that will best meet your needs, and would greatly appreciate your taking a few minutes to complete this survey.

1. How interested would you be in attending a program to learn more about your family member's mental illness?

   1  2  3  4  5
   Not at all interested  Somewhat interested  Very interested

2. What time of day would be best for you?

   ___Morning  ___Lunchtime  ___Afternoon

3. What length of program would you like?

   ___One hour  ___2 hours  ___Over 2 hours

4. What mental illness(es) does your family member have? (Check all that apply):

   ___Anxiety Disorder  ___Post-traumatic stress
   ___Bipolar Disorder  ___disorder (PTSD)
   ___Dementia  ___Schizophrenia
   ___Depression  ___Substance Abuse
   ___Other:
   ___________________________________________

5. What topics would you like to learn more about? (please check all that apply):

   ___Information on symptoms of mental illness
   ___Treatment options at VAMC
   ___Do's & Don'ts in helping my family member
   ___Information on medications
   ___How can I take care of myself as a caregiver?
   ___What do I do when my family member talks about suicide?
   ___What do I do when my family member is really angry or violent?
   ___What causes mental illness?
   ___How can I get my family member to take his/her medications?
   ___Other: ___________________________________________
6. We are planning several means of advertising. How do you think we could let family members know about the availability of these programs? ____________________________________________

7. Any suggestions / other comments? ____________________________________________

8. Please share with us your address and phone number so we can notify you about upcoming workshops:
   Name: _________________________________________
   Address: _________________________________________
   Phone Number: _________________________________

   Thank you for your input!