

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):

<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Post-traumatic stress disorder (PTSD)
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Dementia	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Depression	<input type="checkbox"/> 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!