|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | File number : |  |  |
| Last, first name: |  |  |
|  |
|  |  | Birth date : |  |  |
|  |  | Mother’s last & first name : |  |  |
|  |  | Father’s last & first name : |  |  |
| **FAMILY & FRIEND’S NEEDS** | Telephone number : |  |  |
|  |
|  |
| **INFORMATION ON THE INDIVIDUAL** |
| The person living with a mental health illness is : |
| [ ]  My father | [ ]  My brother | [ ]  My son | [ ]  My partner |
| [ ]  My mother | [ ]  My sister | [ ]  My daughter | [ ]  Other: |  |  |
| Age : |  |  |
| They live : | [ ]  with me | [ ]  In a residence | [ ]  In an apartment | [ ]  in a room |
|  | [ ]  other (specify) |  |  |
|  | For how long? |  |  |
| How often do you see them? |  |  |
|  |
| **MEDICAL HISTORY** |
| How long have they been having difficulties? (Approx. date?) |  |  |
| Do you know the diagnosis? | [ ]  No | [ ]  Yes (What is it?) |  |  |
| Do they take medication? | [ ]  No | [ ]  Yes (Which?) |  |   |
|  |  |  |
| For what reason is, medication prescribed. |  |  |
|  |  |  |
|  |  |  |
| Do they accept treatment? | [ ]  Always | [ ]  Most of the time | [ ]  Sometimes | [ ]  Never |
|  |
| **PORTRAIT OF SITUATION** |
| **For each of the following phrases, identify what has been the most difficult for you to live with & understand** |
| **PHRASES** | **DEGREE OF DIFFICULTY** |
|  | NOT DIFFICULT | A LITTLE | AVERAGE | VERY DIFFICULT |
| Agitated or Inactive : | [ ]  | [ ]  | [ ]  | [ ]  |
| Acts strange : | [ ]  | [ ]  | [ ]  | [ ]  |
| Unusual hours for sleeping or activities: | [ ]  | [ ]  | [ ]  | [ ]  |
| Insomnia or sleeps too much : | [ ]  | [ ]  | [ ]  | [ ]  |
| Social withdrawal : | [ ]  | [ ]  | [ ]  | [ ]  |
| Physically violent : | [ ]  | [ ]  | [ ]  | [ ]  |
| Unacceptable behavior during meals : | [ ]  | [ ]  | [ ]  | [ ]  |
| **FAMILY & FRIEND’S NEEDS** |  |
| Name : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | File number : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **PORTRAIT OF THE SITUATION (CONT.)** |
| **PHRASES** | **DEGREE OF DIFFICULTY** |
|  | NOT DIFFICULT | A LITTLE | AVERAGE | VERY DIFFICULT |
| Alcohol /and or drug use : | [ ]  | [ ]  | [ ]  | [ ]  |
| Inactive : | [ ]  | [ ]  | [ ]  | [ ]  |
| Fears or false beliefs : | [ ]  | [ ]  | [ ]  | [ ]  |
| Hallucinations : | [ ]  | [ ]  | [ ]  | [ ]  |
| Accepts treatment : | [ ]  | [ ]  | [ ]  | [ ]  |
| Odd or irrational statements : | [ ]  | [ ]  | [ ]  | [ ]  |
| Frequent mood swings :  | [ ]  | [ ]  | [ ]  | [ ]  |
| Suicidal thoughts : | [ ]  | [ ]  | [ ]  | [ ]  |
| Difficulty communicating : | [ ]  | [ ]  | [ ]  | [ ]  |
| Neglects personal hygiene : | [ ]  | [ ]  | [ ]  | [ ]  |
| Demands a lot: | [ ]  | [ ]  | [ ]  | [ ]  |
| Verbal violence : | [ ]  | [ ]  | [ ]  | [ ]  |
| Other: |  | [ ]  | [ ]  | [ ]  |
| Other: |  | [ ]  | [ ]  | [ ]  |
| Other: |  | [ ]  | [ ]  | [ ]  |
|  |
| **FAMILY & FRIEND’S NEEDS** |
| **WHAT WOULD YOU LIKE TO KNOW ABOUT TREATMENT?** |
| [ ]  Effects of medication | [ ]  Treatment |
| [ ]  Illness | [ ]  Support groups |
| [ ]  Support programs | [ ]  Warning signs of a relapse |
| [ ]  Intervention tools | [ ]  Legal support |
| [ ]   |  |  | [ ]   |  |  |
| [ ]  |  |  | [ ]  |  |  |
| **WHAT DO YOU FEEL?** |
| [ ]  Powerless | [ ]  Shame |
| [ ]  Overwhelmed | [ ]  Anger |
| [ ]  Guilty | [ ]  Family conflict |
| [ ]  Fear | [ ]  Insecure |
| [ ]  Isolation | [ ]  Marginalised by those around me |
| [ ]  Judgement from others | [ ]   |  |  |
| [ ]   |  |  | [ ]   |  |  |
|  |

|  |  |
| --- | --- |
| **FAMILY & FRIEND’S NEEDS** |  |
| Name : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | File number : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **FAMILY & FRIEND’S NEEDS (CONT.)** |
| **What are your needs & objectives?** |
| [ ]  Accept situation |
| [ ]  Express your needs to the person in difficulty |
| [ ]  Allow yourself leisure time |
| [ ]  Have emotional support |
| [ ]  Know the possibilities for growth & independence of person with mental health problem |
| [ ]  Able to express my limits |
| [ ]  Communicate effectively with the person |
| [ ]  Enlarge support network |
| [ ]  Understand what are realistic expectations to have towards the person |
| [ ]  Identify realistic expectations towards the person |
| Other needs : |  |  |
|  |  |  |
|  |  |  |
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| **PRIORITISE NEEDS** |
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|  |  |  |
|  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Intervener’s signature : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Source: CSSS Saguenay-Lac-Saint-Jean (Translated by Jeffery Hale Community Services)