

Family-to-Family Pre-Survey

Today's date: _____ Teacher's Name: _____

Course Location: _____ City: _____

This form is voluntary. It assists teachers in tailoring course content to meet the needs of students and gives NAMI Utah information on the demographics of those participating in courses. You may skip questions if you wish. Information will be strictly confidential and your name will not be attached in any way. Thank you.

Information about you

Age _____

Gender: Male Female

Race/Ethnicity:

- African American (black)
- Asian
- Caucasian (white)
- Hispanic
- Native American
- Other _____

Relationship to patient:

- Parent
- Sibling
- Child
- Spouse/Significant other
- Grandparent
- Friend
- Spouse of Veteran/Active Duty
- Other _____

How did you hear about Family-to-Family?

- Health clinic/hospital
- Doctor
- Family/Friends
- Clergy
- NAMI website
- Community Mental Health Center
- Newspaper/Poster
- Other _____

What do you hope to gain from the course?

Information about your loved one

Age _____

Veteran or Active Duty: Yes No

Gender: Male Female

Current Diagnoses:

(As assigned by doctor)

- Schizophrenia
- Mood Disorder (Depression, Bi-polar)
- Schizoaffective Disorder
- Anxiety Disorder
- Posttraumatic Stress Disorder
- Borderline Personality Disorder
- Other (specify) _____

Services Used:

- SSI/SSDI
- CMHC (Community Mental Health Center)
- Private Psychiatric Services
- Private Counseling
- Alcohol/Drug services
- Other _____

Insurance Status:

- Private Insurance
- No insurance
- Medicaid/Medicare
- PCN/CHIP
- Other _____

What services is your loved one most in need of?

Teachers: Please mail to NAMI Utah Office at the end of Class 3. The surveys may also be compiled and the results sent by e-mail to the Programs Director.