

Date of questionnaire completion:

Consumer Questionnaire – Abbreviated version

This questionnaire refers equally to both genders

First name:

Family name:

ID number:

Service Type: Please circle the type of service you currently receive:

1. Residential (Hostel / supportive community / sheltered housing / other)
2. Employment (employment club / Sheltered Factory / supported employment / employment project / Business initiative / other)
3. Social life and leisure (social club / Yalla Mevalim Acheret / Amitim / other)
4. Honhut / Somhut
5. Education (supported academic education / supported education / preparatory program / other)
6. Case management
7. Other, please describe: _____

Name of Rehabilitation Service in which you fill this questionnaire: _____

A. Background and Demographic Information

1	Marital status	1) Single 2) Married 3) Divorced 4) Widower		
2	Education	1) Less than 8 years of schooling	2) 9-12 years of schooling	3) High school diploma
		4) Certification studies	5) Academic degree – BA or higher	6) Other:
3	Year of birth			
4	Mother's birthplace			

B. Quality of life

Please read each sentence and choose the answer that best describes your current situation.

1. **Do you work?** 1) Yes 2) No (if "No", proceed to question 4)
2. **On average, I work:**

1	2	3
1-2 days a week	3-4 days a week	5 days a week and more

3. On an average working day, I work:

1	2	3
1-3 hours a day	4-6 hours a day	More than 6 hours a day

		1 Not at all	2 Somewhat	3 To a Moderate extent	4 To a good extent	5 To a great extent	9 Not relevant
4	How satisfied are you with your current financial situation?	1	2	3	4	5	9
5	How satisfied are you with your current employment situation?	1	2	3	4	5	9

6. For the job I am doing, I earn per month:

1	2	3	4	5	6
I do not get paid	Less than 599 ₺	600-1,200 ₺	1,201-3,000 ₺	More than 3,000 ₺	I do not wish to answer

7. How satisfied are you with your relationships with members of your family of origin (parents, siblings)?

1	2	3	4	5	6	7
Not at all	To a low extent	To a moderate extent	To a high extent	To an extremely high extent	I have no contact with my family members	I have no family

8. Do you have children? 1) Yes 2) No (if the answer is “No”, proceed to question 12)

9. How satisfied are you with your relationship with your children?

1	2	3	4	5
Not at all	To a low extent	To a moderate extent	To a high extent	To an extremely high extent

		1 Not at all	2 Somewhat	3 To a moderate extent	4 To a good extent	5 To a great extent	9 Not relevant
10	How satisfied are you with your social life?	1	2	3	4	5	9
11	How satisfied are you with your intimate relationships?	1	2	3	4	5	9
12	How satisfied are you with your housing?	1	2	3	4	5	9
13	How satisfied are you with your leisure activities?	1	2	3	4	5	9

C. Objectives and Goals

1. Progress towards goals – In the past 3 months:

1	2	3	4	5
I didn't set any goals.	I set a personal goal but <u>didn't do anything</u> in order to achieve it.	I set a personal goal and made a little progress towards achieving it.	I set a personal goal and I'm very close to achieving it.	I set a personal goal and I have <u>achieved</u> it.

2. In what areas did you set a goal for yourself during the past year, and to what extent was it achieved?

	Was the goal achieved?			
<u>Goal 1 in the area</u> (please circle only one area): Work / Volunteering / Education / Housing / Mental health / Social connections / Leisure / Physical health / Finances / Intimate Relationships / Family / Other * For details on these domains please read below	1 The goal was not achieved	2 The goal was partly achieved	3 The goal was fully achieved	4 I did not set a goal.

Goal Areas:

Physical Health – reduce smoking, exercise, lose weight, and attend medical appointments as needed.

Mental Health – reduce symptoms, feel better mentally

Intimate Relationships – find a spouse/partner, maintain intimate relationships.

Finances – making more money, reaching financial independence.

Education – beginning a study program, finishing high school diploma, acquiring a professional certificate / degree / language study, etc.

Housing – changing residence, moving to a more independent housing, making changes in the residence such as renovating, painting, etc.

Family – renewing family relationships, maintaining connection with family.

Leisure – participating in extracurricular activities, athletic activity, enjoying free time.

Social Connections – making new friends, maintaining relationships with friends.

Employment – finding a job, changing a job, improving conditions.

D. Mental health

1. How satisfied are you with your mental health?

1	2	3	4	5
Not at all	Slightly satisfied	Moderately satisfied	Quite satisfied	Extremely satisfied

2. To what extent do you feel that the mental difficulty/ illness/ limitation you have is interfering with your daily life?

1	2	3	4	5	9
The illness/ limitation does not interfere at all	The illness/ limitation somewhat interferes	The illness/ limitation moderately interferes	The illness/ limitation interferes quite a lot	The illness/ limitation extensively interferes	There is no illness/ limitation

3. To what extent are family members, friends, spouse or other significant people in your life involved with the treatment of your mental health?

1	2	3	4	5
Not at all	Only with serious problems.	Sometimes, when things go wrong.	Most of the time.	Always, <u>and they do help me</u> with my mental health.

4. Effective use of medication – how often do you take medication exactly as prescribed for you?

1	2	3	4	5	6
I don't take the medication at all	Occasionally	About half of the time	Most of the time	Everyday	With my doctor's approval, I do not take any medication.

5. Over the past 3 months, how much did drug use interfere with your functioning?

1	2	3	4	5	6
Drug use was disturbing my functioning a lot	Drug use was disturbing my functioning quite a lot.	Drug use was disturbing my functioning in a moderate way.	Drug use was disturbing my functioning in a very little way.	Drug use was not affecting my functioning at all.	I do not use drugs

E. Functioning

Please grade the success level of your functioning within in the following areas:		1 Not at all	2 Very little	3 Moderately	4 Quite successful	5 Very successful	9 Not relevant
1	I function well at home (cleaning, organization, laundry, cooking).	1	2	3	4	5	9
2	I can decide what to do with my money (I buy things for myself, I pay bills on time, I try not to owe money to people).	1	2	3	4	5	9
3	I can get on my own to places (with a bus, a taxi or a private car).	1	2	3	4	5	9
4	I can cope with daily life difficulties.	1	2	3	4	5	9
5	I can dress properly and take care of myself (I keep personal hygiene and clean cloths).	1	2	3	4	5	9
6	I'm using psychiatric services when needed (meeting with a psychiatrist, taking medication).	1	2	3	4	5	9
7	I keep in touch and meet with my friends as I want to.	1	2	3	4	5	9
8	I am using community services (classes, parks, synagogue, coffee shops, movies, clinics, social security, etc.).	1	2	3	4	5	9
9	I'm functioning well at work.	1	2	3	4	5	9

F. Physical Health

1. Do you suffer from any health problems?

1	2	3	4
No	Yes but in a way that does not interfere with my functioning.	In a way that interferes with my functioning once in a while.	In a way that severely interferes with my functioning.

2. Smoking – over the last year, I:

1	2	3	4
Am not smoking	Smoke about 10 cigarettes a day	Smoke about 20 cigarettes a day	Smoke more than 20 cigarettes a day

3	Over the past month I'm doing things to promote my physical health (exercising, healthy diet)	1 Never	2 Once or twice a month	3 At least once a week	4 Several times a week
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4	Over the past month the team members help me to promote my physical health (they educate me in various topics, such as eating healthy, sleeping, exercising, smoking etc.).	1 Yes	2 No
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5. Do you need dental care? 1) Yes 2) No

6. Did you get dental care through the rehabilitation benefits (sal shikum)? 1) Yes 2) No (if “no” proceed to question 8)

7. How satisfied are you with the dental care you got (or still getting)?

1	2	3	4	5
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

8. Did you apply for “siyua partani” (formally “keren shikum”)? 1) Yes 2) No 3) I don't know what it is.

9. If you answered “yes”, how satisfied are you with the service of “siyua partani” (formally “keren shikum”)?

1	2	3	4	5
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

10. To what extent do you feel that the service in which you are filling in this questionnaire, contributed to your rehabilitation process?

1	2	3	4	5
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

11. To what extent would you recommend the service (in which you are filling in this questionnaire) to a friend?

1	2	3	4	5
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

Thank you very much!