

**Date of questionnaire completion:**

## Consumer Questionnaire

*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:** \_\_\_\_\_

This questionnaire includes questions about different areas of your life. Please read the explanations before each question and choose the answer that best describes your experience. The Questionnaire consists of 90 questions, and is designed to help you assess your functioning and feelings in several areas of your life. We encourage you to answer all questions fully and honestly. If any of the questions are unclear, feel free to ask for clarification. It takes about 30 minutes to complete the questionnaire. Thank you very much for your cooperation.

### **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			

## Quality of life

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

1. **Do you work?** 1) Yes (if yes, please proceed to question 3). 2) No
2. **If you answered “No”, to what extent are you interested in working?**

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

If you don't work proceed to question 5.

3. **On average, I work:**

<b>1</b>	<b>2</b>	<b>3</b>
1-2 days a week	3-4 days a week	5 days a week and more

4. **On an average working day, I work:**

<b>1</b>	<b>2</b>	<b>3</b>
1-3 hours a day	4-6 hours a day	More than 6 hours a day

		<b>1</b> Not at all	<b>2</b> Somewhat	<b>3</b> To a Moderate extent	<b>4</b> To a good extent	<b>5</b> To a great extent	<b>9</b> Not relevant
<b>5</b>	<b>How satisfied are you with your current financial situation?</b>	1	2	3	4	5	9
<b>6</b>	<b>To what extent do you feel that you have the tools and skills needed to succeed in the employment area?</b>	1	2	3	4	5	9
<b>7</b>	<b>To what extent do you feel that you have the professional support/help needed to succeed and progress in your work?</b>	1	2	3	4	5	9
<b>8</b>	<b>How satisfied are you with your current employment situation?</b>	1	2	3	4	5	9

9. **Would you like to make a change in your work situation?** 1) Yes 2) No

10. **Do you feel there has been a change in your work situation over the past six months?**

<b>1</b>	<b>2</b>	<b>3</b>
A change for the worse	No change	A change for the better

**11. 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

**12. How many people would you consider as close friends:**

1	2	3	4
No one	1-2	3-5	More than 5

**13. In a typical week, how many times do you speak with someone who is not family (a friend, co-worker, partner, etc.)?**

1	2	3	4	5
Never	1-2 times a week	3-5 times a week	6-7 times a week	More than 7 times a week

		1 Not at all	2 Somewhat	3 To a Moderate extent	4 To a good extent	5 To a great extent	9 Not relevant
14	To what extent do you feel that you have the tools and skills needed to succeed in your social life?	1	2	3	4	5	9
15	To what extent do you feel that you have the professional support/help needed to succeed and progress with your social life?	1	2	3	4	5	9
16	How satisfied are you with your current social life?	1	2	3	4	5	9

**17. Would you like to make a change in your social life? 1) Yes 2) No**

**18. Do you feel there has been a change in your social life over the past six months?**

1	2	3
A change for the worse	No change	A change for the better

**19. Are you currently involved in an intimate relationship? 1) Yes 2) No**

		<b>1</b> Not at all	<b>2</b> Somewhat	<b>3</b> To a Moderate extent	<b>4</b> To a good extent	<b>5</b> To a great extent	<b>9</b> Not relevant
<b>20</b>	<b>To what extent do you feel that you have the tools and skills needed to succeed in the area of intimate relationships?</b>	1	2	3	4	5	9
<b>21</b>	<b>To what extent do you feel that you have the professional support/help needed to succeed and progress in the area of intimate relationships?</b>	1	2	3	4	5	9
<b>22</b>	<b>How satisfied are you with your intimate relationships?</b>	1	2	3	4	5	9

**23. Would you like to make a change in your intimate relationships? 1) Yes 2) No**

**24. Do you feel there has been a change in your intimate relationships over the past six months?**

<b>1</b>	<b>2</b>	<b>3</b>
A change for the worse	No change	A change for the better

**25. How satisfied are you with your current residence?**

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

**26. Do you have children? 1) Yes 2) No (if the answer is “No”, proceed to question 28)**

**27. How satisfied are you with the relationship with your children?**

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

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
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

		<b>1</b> Not at all	<b>2</b> Somewhat	<b>3</b> To a moderate extent	<b>4</b> To a good extent	<b>5</b> To a great extent	<b>9</b> Not relevant
<b>29</b>	<b>To what extent do you feel that you have the tools and skills needed to succeed in your family life?</b>	1	2	3	4	5	9
<b>30</b>	<b>To what extent do you feel that you have the professional support/help needed to succeed and progress with your family relations?</b>	1	2	3	4	5	9

**31. Would you like to make a change in your family life? 1) Yes 2) No**

**32. Do you feel there has been a change in your family life over the past six months?**

<b>1</b>	<b>2</b>	<b>3</b>
A change for the worse	No change	A change for the better

		<b>1</b> Not at all	<b>2</b> Somewhat	<b>3</b> To a moderate extent	<b>4</b> To a good extent	<b>5</b> To a great extent	<b>9</b> Not relevant
<b>33</b>	<b>To what extent do you use community resources</b> (public transportation, malls, community centers, coffee shops, clinics, banks, religious services, public parks, Post office etc.)?	1	2	3	4	5	9
<b>34</b>	<b>Do you feel you belong to a community outside the mental health community?</b> (People who live in your neighborhood, people who share similar hobbies, people with a similar religion/faith background etc.)	1	2	3	4	5	9
<b>35</b>	<b>How satisfied are you with your leisure activities?</b>	1	2	3	4	5	9

**36. Structured roles: we have many roles in our life (like worker, friend, family member, etc.). How much time each week do you spend fulfilling these roles (without considering the time you spend on self-care and various duties at home)?**

1	2	3	4	5
2 hours or less	3-5 hours	6-15 hours	16-30 hours	More than 30 hours

**37. How involved are you in services in which consumers are service providers (in which consumers are staff members)? (Support groups led by consumers, service or support from a rehabilitation worker who is a consumer as well.)**

1	2	3	4	5	6
I don't know about any services in which consumers are providers.	I know about some services in which consumers are providers, but I'm not interested.	I'm interested in services in which consumers are providers.	I participate in a service in which consumers are providers.	I participate in a number of services in which consumers are providers.	I don't know about consumers as service providers.

**38. Has there been a change in your quality of life over the past six months? (Satisfaction with work, social status, economic status etc.)**

1	2	3
A change for the worse	No change	A change for the better

**39. Do you study?** (Finishing high school diploma, preparatory courses, academic studies, Ulpan, yeshiva, etc.) 1) Yes (if so, proceed to question 41) 2) No

**40. If you answered "No", to what extent would you like to study?**

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
41	To what extent do you feel that you have the tools and skills needed to succeed in your studies?	1	2	3	4	5	9
42	To what extent do you feel that you have the professional support/help needed to succeed and progress in your studies?	1	2	3	4	5	9
43	How satisfied are you with your studies?	1	2	3	4	5	9

44. Would you like to make a change in your studies? 1) Yes 2) No

45. Do you feel there has been a change in your studies over the past six months?

1	2	3
A change for the worse	No change	A change for the better

## B. Objectives and Goals

1. Progress towards goals – In the past 3 months: Did you set a personal goal and achieved it?

1	2	3	4	5
I didn't set any personal 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 it</u> .

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?			
2.1	<p><b>Goal 1 in the area</b> (please circle only one area): Work / Volunteering / Education / Housing / Mental health / Social connections / Leisure / Physical health / Finances / Intimate Relationships / Family / Other</p> <p>* For details on these domains please read below</p>	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.
2.2	<p><b>Goal 2 in the area</b> (please circle only one area): Work / Volunteering / Education / Housing / Mental health / Social connections / Leisure / Physical health / Finances / Intimate Relationships / Family / Other</p> <p>* For details on these domains please read below</p>	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.

### C. Mental health

**1. How much do you know about your mental problem/ illness/ limitation, the symptoms you are experiencing, the treatment options and medication?**

1	2	3	4	5
Nothing	To a little extent	To a moderate extent	To a big extent	To a great extent

**2. 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.

**3. How well do you feel that you are coping with your psychiatric or emotional issues on a daily basis?**

1	2	3	4	5
Not coping at all	Coping not so good	Coping in a moderate way	Coping well	Coping extremely well

**4. How satisfied are you with your mental health?**

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

**5. Do you feel there has been a change in your mental health over the past six months?**

1	2	3
A change for the worse	No change	A change for the better



**6. How often do you take medication exactly as prescribed for you?**

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

**7. When was the last time you were hospitalized due to your mental state or substance use?**

1	2	3	4	5
During the last month	In the past 2-3 months	In the past 4-6 months	In the past 7-12 months	I haven't been hospitalized in the past year

**8. Over the past 3 months, how much did alcohol use interfere with your functioning?**

1	2	3	4	5	6
Alcohol use disturbed my functioning a lot.	Alcohol use disturbed my functioning quite a lot.	Alcohol use disturbed my functioning in a moderate way.	Alcohol use disturbed my functioning in a very little way.	Alcohol use did not affect my functioning at all.	I do not drink alcohol.

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

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

**D. Impact of Symptoms on Functioning**

Over the past month:		1	2	3	4	5	9
		Not at all	Very little	moderately	Quite a lot	a lot	Not relevant
1	Your symptoms affected or interfered with your work and/or studies.	1	2	3	4	5	9
2	Your symptoms affected or interfered with your social life and/or leisure activities.	1	2	3	4	5	9

<b>3</b>	Your symptoms affected or interfered with your family life and/or your duties at home.	1	2	3	4	5	9
<b>4</b>	To what extent do your symptoms bother you?	1	2	3	4	5	9

**5. To what extent do your symptoms (or illness) interfere with your ability to perform things you want or need to do?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My symptoms/illness interfere a lot	My Symptoms/illness interfere quite a lot	My Symptoms/illness interfere moderately	My Symptoms/illness hardly interfere	My Symptoms/illness do not interfere at all

**6. Which of these statements best identifies what you know and do in order to prevent relapse (symptoms/ illness)?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I don't know how to prevent relapse.	I know a little, but did not prepare a relapse prevention plan.	I know a thing or two I can do, but I don't have a written plan.	I know of several things I can do, but I do not have a written plan.	I have a written relapse prevention plan which I shared with others.

**7. When was the last time you have experienced relapse (symptoms worsened)?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
During the last month	During the last 2-3 months	During the last 4-6 months	During the last 7-12 months	I did not have a relapse over the past year

**E. Functioning**

<b>Please grade the success level of your functioning within the following areas:</b>		<b>1 Not at all</b>	<b>2 Very little</b>	<b>3 Moderately</b>	<b>4 Quite successful</b>	<b>5 Very successful</b>	<b>9 Not relevant</b>
<b>1</b>	<b>I manage household skills</b> (cleaning, organization, laundry, cooking).	1	2	3	4	5	9
<b>2</b>	<b>I manage my finance</b> (making decisions how to spend the money, shopping independently, staying out of debt, paying bills on time).	1	2	3	4	5	9
<b>3</b>	<b>I am mobile in my daily life</b> (ability to go to places independently, ability to use public transportation).	1	2	3	4	5	9
<b>4</b>	<b>I am Coping with daily life difficulties</b> (making decisions, handling unexpected difficulties).	1	2	3	4	5	9

<b>5</b>	<b>I can dress properly and take care of myself</b> (appropriate clothing, personal hygiene).	1	2	3	4	5	9
<b>6</b>	<b>I'm using psychiatric services in a helpful manner</b> (meeting with a psychiatrist, taking medication).	1	2	3	4	5	9
<b>7</b>	<b>I function socially</b> (managing to create and maintain social relations, participating in social activities).	1	2	3	4	5	9
<b>8</b>	<b>I function within the community</b> (ability to use and enjoy services offered in the community, like classes, shopping malls, parks, clinic, synagogue, movies etc.).	1	2	3	4	5	9
<b>9</b>	<b>I'm functioning in the area of employment.</b>	1	2	3	4	5	9
<b>10</b>	<b>I'm functioning in the area of education.</b>	1	2	3	4	5	9

**11. Has there been a change in your functioning in general over the past six months?**

<b>1</b>	<b>2</b>	<b>3</b>
A change for the worse	No change	A change for the better

**F. Physical Health**

**1. How would you assess your physical health in general?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Bad	Not so bad	Pretty good	Very good

**2. How satisfied are you with your physical health?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	Slightly satisfied	Moderately satisfied	Quite satisfied	Extremely satisfied

**3. Over the past year, did you visit a doctor due to physical health problems?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>
No	1-3 times	4-6 times	7 times or more	Not relevant

**4. Over the past year, did you visit the Emergency Room due to physical illness or pain?**

1	2	4	9
No	1-3 times	4 times or more	Not relevant

**5. Over the past year, were you hospitalized due to physical illness or pain?**

1	2	4	9
No	1-3 times	4 times or more	Not relevant

**6. Do you suffer from any health problems?**

1	2	3	4
No	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.

If you answered “no”, skip question 7.

**7. Do you suffer from one or more of the following health problems? (please mark all relevant)**

Heart disease	High blood pressure	diabetes	cancer	Respiratory/lung disease	Bone/joint disease
Digestive problems	Sight/eye problems	High cholesterol/blood lipids	thyroid gland problems	Vascular disease	allergies
Overweight	Back problems	Movement problems (weakness, trembling)	Memory loss, difficulties to concentrate	Chronic fatigue	Sphincter control problems
Kidney disease	Difficulties in sexual performance	Chronic pain	Other:		

**8. Over the last month, I exercise at least 30 minutes (walking, jogging, swimming, and biking):**

1	2	3	4
No	Once or twice a month	Once a week	Several times a week

**9. Over the last month, I am keeping a healthy diet:**

1	2	3	4
No	Once or twice a month	Once a week	Several times a week

**10. Smoking – over the last year, I:**

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

**11. Do you need dental care?** 1) Yes 2) No

**12. Did you get dental care through the rehabilitation benefits (sal shikum)?** 1) Yes 2) No (if “no” proceed to question 14)

**13. How satisfied are you with the dental care you got (or are still receiving)?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

**14. Did you apply for individual aid (“siyua partani”, formally “keren shikum”)?** 1) Yes 2) No  
3) I don’t know what it is.

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	Somewhat satisfied	Moderately satisfied	Satisfied	Extremely satisfied

**Thank you very much!**