

## **Team member Questionnaire**

*This questionnaire refers equally to both genders*

Provider ID:

Unit ID:

Service ID:

Date of questionnaire completion: MM/DD/YAER

Name of consumer for which this questionnaire is filled:

Consumer ID (9 digits):

### **A. Quality of life**

These questions refer to your assessment of the consumer's quality of life. Please circle the answer that best reflects your assessment.

		<b>1</b> <b>Very low</b>	<b>2</b> <b>Low</b>	<b>3</b> <b>Moderate</b>	<b>4</b> <b>High</b>	<b>5</b> <b>Very high</b>	<b>9</b> <b>Not Relevant</b>
<b>1</b>	Quality of life in the occupational area. If unemployed, assess how satisfied he is with the situation.	1	2	3	4	5	9
<b>2</b>	Quality of life in the financial area.	1	2	3	4	5	9
<b>3</b>	Quality of life in the educational area.	1	2	3	4	5	9
<b>4</b>	Quality of life in the social area (quality of connections and amount of friends).	1	2	3	4	5	9
<b>5</b>	Quality of life in the area of romantic relations.	1	2	3	4	5	9
<b>6</b>	Quality of life in the area of parenthood.	1	2	3	4	5	9
<b>7</b>	Quality of life in the area of relationship with family of origin.	1	2	3	4	5	9
<b>8</b>	Quality of life in the area of leisure activities.	1	2	3	4	5	9
<b>9</b>	Quality of life in the area of mental health.	1	2	3	4	5	9
<b>10</b>	Quality of life in the area of physical health.	1	2	3	4	5	9

<b>11</b>	Quality of life in the area of residence.	1	2	3	4	5	9
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**12. To what extent is the consumer participating or getting service where service providers are other consumers** (such as support groups led by consumers, support or service given by a rehabilitation worker who is a consumer himself)?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>9</b>
The consumer does not know of any service in which other consumers are involved as service providers.	The consumer is aware of a few services in which other consumers are involved as service providers, but is not interested.	The consumer is interested in services in which other consumers are involved as service providers.	The consumer is getting a service in which other consumers are involved as service providers.	The consumer is getting several kinds of services in which other consumers are involved as service providers.	Not relevant.

## B. Goals and Objectives.

**1. In the past 3 months, did the consumer set himself a goal:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>9</b>
The consumer did not set any personal goal.	The consumer set a goal but <u>didn't do anything</u> in order to achieve it.	The consumer set a goal but <u>did very little</u> in order to achieve it.	The consumer set a goal and <u>did quite a lot</u> in order to achieve it.	The consumer set a goal and <u>was able achieve it</u> .	Not relevant.

**2. In what areas did the consumer set goals for himself during the past year (up to 2)?** Please select one area from the list. For each goal, please circle the area to which it relates, and indicate to what extent was the goal achieved.

<b>2.1</b>	<b>First goal in the area.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Circle one goal only: Physical health, mental health, romantic relations, financial, education, residence, family, leisure, volunteer work, social connections, employment, not relevant/don't know, other  * For details on these domains please read below	The goal was not achieved.	The goal was partly achieved.	The goal was fully achieved.	The consumer did not set a goal	Not relevant
<b>2.2</b>	<b>Second goal in the area.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<p>Circle one goal only :Physical health, mental health, romantic relations, financial, education, residence, family, leisure, volunteer work, social connections, employment, not relevant/don't know, other</p> <p>* For details on these domains please read below</p>	The goal was not achieved.	The goal was partly achieved.	The goal was fully achieved.	The consumer did not set a goal	Not relevant
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**Goals in the area (in detail):**

- Physical health (reducing smoking, exercising, losing weight, visiting the doctor when needed)
- Mental health - reducing symptoms, feeling better mentally
- Romantic relations (finding a spouse, maintaining relationship)
- Financial (making more money, becoming financially independent)
- Education (starting a degree/class, obtaining a diploma, studying a language)
- Residence (changing residence, moving into a more independent residence, renovating the house)
- Family (renewing family connections, keeping in touch with family)
- Leisure/free time (taking classes, sports, having fun)
- Social connections (making friends, keeping in touch with old friends)
- Employment (finding a job, changing jobs, improving benefits)
- Not relevant
- Other

**C. Mental health**

- 1. Information:** How well is the consumer informed about symptoms, treatment, coping strategies and medication?

1	2	3	4	5	9
Not at all	Very little	Quite informed	informed	Well informed	Not relevant

- 2. To what extent are family members, friends, and other supportive people involved in the various aspects of the treatment given to the consumer?**

1	2	3	4	5	9
Not at all	Only with a serious problem.	Sometimes, when things go wrong.	Most of the time.	Most of the time, and they do help with the mental health of the consumer.	Not relevant

**3. How well, in your opinion, is the consumer coping with his mental or emotional illness/limitation?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>9</b>
Not coping at all.	Coping not so well	Coping moderately.	Coping well.	Coping very well.	Not relevant

**4. Effective use of medication: how often does the consumer take the medication as prescribed?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>9</b>
The consumer does not take the medication at all.	The consumer takes the medication occasionally.	The consumer takes the medication half of the time.	The consumer takes the medication most of the time.	The consumer takes the medication every day.	The consumer was not prescribed any medication.	Not relevant

**5. When was the consumer last hospitalized due to his mental health or substance use (alcohol or drugs)?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>9</b>
During last month	During the last 2-3 months	During the last 4-6 months	During the last 7-12 months	No hospitalization during last year	Not relevant

**6. During the last 3 months, was the alcohol use interfering with the consumer's functioning?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Alcohol use interfered a lot	Alcohol use interfered quite a lot	Alcohol use somewhat interfered	Alcohol use hardly interfered	Alcohol use does not interfere with functioning	The consumer does not use alcohol	Not relevant

**7. During the last 3 months, was the drug use interfering with the consumer's functioning?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Drug use interfered a lot	Drug use interfered quite a lot	Drug use somewhat interfered	Drug use hardly interfered	Drug use does not interfere with functioning	The consumer does not use drugs	Not relevant

**8. How do symptoms of the mental state influence functioning?**

During the last month		1 Not at all	2 Influenced a little	3 Moderately influenced	4 Influenced quite a lot	5 Influenced extensively	9 Not relevant
1	Did symptoms interfere with the consumer's employment/ education?	1	2	3	4	5	9
2	Did symptoms interfere with the consumer's social life/ leisure activities?	1	2	3	4	5	9
3	Did symptoms interfere with the consumer's family life/ responsibilities at home?	1	2	3	4	5	9
4	To what extent do these symptoms bother the consumer?	1	2	3	4	5	9

**9. To what extent do the symptoms (or illness) interfere with the consumer's ability to perform things he wants/needs?**

1	2	3	4	5	9
Symptoms/illness interfere a lot	Symptoms/illness interfere quite a lot	Symptoms/illness interfere moderately	Symptoms/illness hardly interfere	Symptoms/illness do not interfere	Not relevant

**10. Which statement best identifies what the consumer knows and does in order to prevent relapse (symptoms/ illness)?**

1	2	3	4	5	9
The consumer does not know how to prevent relapse.	The consumer knows a little but did not prepare a relapse prevention plan.	The consumer knows a thing or two he can do but does not have a written plan.	The consumer knows about several things he can do but does not have a written plan.	The consumer has a written relapse prevention plan which he shares with others.	Not relevant

**11. When was the last time the consumer experienced relapse (symptoms worsened)?**

1	2	3	4	5	9
During last month	During the last 2-3 months	During the last 4-6 months	During the last 7-12 months	No relapse during last year	Not relevant

**12. To what extent do you feel that the mental difficulty/ illness/ limitation is interfering with the consumer's daily life skills?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>9</b>
There is no illness	The illness/limitation does not interfere	The illness/limitation somewhat interferes	The illness/limitation moderately interferes	The illness/limitation interferes quite a lot	The illness/limitation extensively interferes	Not relevant

**D. Functioning**

Please indicate how successful the consumer's functioning in the following areas is:

	<b>1</b> <b>Not at all</b>	<b>2</b> <b>Very little</b>	<b>3</b> <b>Moderately</b>	<b>4</b> <b>Quite successful</b>	<b>5</b> <b>Very successful</b>	<b>9</b> <b>Not relevant</b>
<b>1</b> Managing household skills (laundry, cleaning, cooking).	1	2	3	4	5	9
<b>2</b> Managing finance (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> Mobility in daily life (ability to go to places independently, ability to use public transportation).	1	2	3	4	5	9
<b>4</b> Coping with daily life difficulties (making decisions, handling unexpected difficulties).	1	2	3	4	5	9
<b>5</b> Managing self-care (appropriate clothing, personal hygiene).	1	2	3	4	5	9
<b>6</b> Using psychiatric services in a helpful manner (meeting with a psychiatrist, taking medication).	1	2	3	4	5	9
<b>7</b> Social functioning (manages to create and maintain social relations, participates in social activities).	1	2	3	4	5	9
<b>8</b> Functioning within the community (ability to use and enjoy services offered in the community, like classes, shopping malls, parks, clinic,	1	2	3	4	5	9

	synagogue, movies etc.).						
<b>9</b>	Functioning in the area of employment.	1	2	3	4	5	9
<b>10</b>	Functioning in the area of education.	1	2	3	4	5	9

### E. Physical Health

**1. How would you assess the consumer’s physical health in general?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>
Bad	Not so bad	Pretty good	Very good	Not relevant

**2. Does the consumer experience any health problems?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>
No	The consumer experiences health problems but it does not affect his functioning.	The consumer experiences health problems which occasionally interfere with his functioning.	The consumer experiences health problems which severely interfere with his functioning.	Not relevant

If you answered “no”, please move to question no. 4.

**3. Does the consumer suffer from one or more of the following health problems?**

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	Not relevant	Other:	

**4. In the last month, the consumer is doing physical activity for at least 30 minutes (walking, jogging, swimming, and biking):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>
No	Once or twice a month	Once a week	Several times a week	Not relevant

**5. In the last month, the consumer is keeping a healthy diet:**

1	2	3	4	9
No	Once or twice a month	Once a week	Several times a week	Not relevant

**6. Smoking – in the last year, the consumer:**

1	2	3	4	9
Not smoking	Smokes about 10 cigarettes a day	Smokes about 20 cigarettes a day	Smokes more than 20 cigarettes a day	Not relevant

**7. Does the consumer need dental care?** Yes      No      Not relevant

**8. Did the consumer get dental care through the rehabilitation benefits (sal shikum)?** Yes  
No      Not relevant

**9. If the answer is “yes”, how satisfied is the consumer with the dental care he got/ still getting?**

1	2	3	4	5	9
Not at all	Somewhat content	Moderately content	Content	Extremely content	Not relevant

**10. Did the consumer get dental care through “siyua partani?”**

1	2	3	4
Yes	No	Not relevant	Never heard of such a service

**11. If the answer is “yes”, how satisfied is the consumer with the dental care he got/ still getting?**

1	2	3	4	5	9
Not at all	Somewhat content	Moderately content	Content	Extremely content	Not relevant

**12. Indicate the number that best describes the consumer’s level of functioning during the last week.**

Refer to the psychological, social, and employment functioning as a hypothetical continuum ranges from health to mental illness. Do not include functioning difficulties caused by physical (or environmental) limitations. If needed, you can use middle numbers such as 45, 78, 72.

**Number -----**

<b>100</b> 	Excellent functioning in various activities. Daily problems do not get out of control. Others seek his company due to his positive qualities. No symptoms.
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<b>91</b>	
<b>90</b>   <b>81</b>	No symptoms at all or very minimal (like anxiety before taking a test). Good functioning in all areas. Showing interest and involvement in various activities, social impact, and contentment with life in general. Possible problems and daily concerns but nothing beyond that.
<b>80</b>   <b>71</b>	If there are symptoms, they are passing expected reactions to psycho-social stressors) difficulties to concentrate after a family dispute). Possible slight deficiency in the social, educational or employment functioning but nothing beyond that.
<b>70</b>   <b>61</b>	There are a few light symptoms (slightly depressing mood, some sleeping problems) or some difficulties in the social, educational or employment functioning (skipping school or work once in a while). In general, the functioning is good.
<b>60</b>   <b>51</b>	There are some moderate symptoms (flat affect, circumstantial speech, occasional panic attacks) or there is a moderate difficulty in the social, educational or employment functioning (very few friends, confrontations with co-workers).
<b>50</b>   <b>41</b>	There are severe symptoms (suicidal thoughts, obsessive rituals, shop lifting) or there's a severe problem with social functioning (lack of friends, inability to keep a job).
<b>40</b>   <b>31</b>	There's a certain deficiency in the reality testing or communication (talking is irrational, vague or random) or there's a significant impairment in several areas such as work, school, inter-family relations, judgement, thinking, mood (a depressed man who would shy away from friends, ignore family members, lose ability to work; a child who often bits his siblings, is impudent at home, and fails in school).
<b>30</b>   <b>21</b>	Behavior is strongly affected by delusions or hallucinations, or there's a severe impairment in communication or judgment (unclear speech, inappropriate behavior, or immersed in suicidal thoughts), or unable to function in most areas (stays in bed all days, with job, home or friends).
<b>20</b>   <b>11</b>	There is some danger of self-hurting or hurting others (suicidal attempts without a serious intention to die, violence, manic enthusiasm), or sometimes cannot maintain minimal personal hygiene (smearing excrement), or there's a major communication impairment (incoherent or violent speech).
<b>10</b>   <b>1</b>	There is a constant danger of self-hurting or hurting others (violent behavior), or inability to maintain minimal personal hygiene, or there was a major suicide attempt with serious intention to die.
<b>0</b>	Not enough information or not applicable.

## F. Additional details

1. Full name (of team member):
2. ID Number (9 digits):
3. Type of service (in which you work). Please circle:
  - Housing: Hostel / Kehila Tomehet/ supported housing (Diur Mugan).
  - Employment: Life Management Skills Club (Moadon Taasukati) / Sheltered Factory (Mifaal Mugan) / supported employment (Taasuka Nitmehet)/ Meizam Taasukati (employment project) / Business entrepreneurship (Yazamut Iskit) / other.
  - Leisure: social club (Moadon Hevrati) / Yalla Mevalim Acheret / Amitim.
  - Honhut / Somhut
  - Education: supported academic education (Haskala Akademit Nitmehet) / supported education (Livui Haskala) / mechina.
  - Other, please describe: \_\_\_\_\_
4. Name and location of service:
5. Your connection to the consumer for which you have completed the questionnaire:

1	2	3	4	5	6	7	8
Manager	Treatment/ rehabilitation coordinator	Social worker	Coordinator	Counselor	Coach	Educational mentor	Other (please specify):

### 6. The amount of time you have been accompanying the consumer:

1	2	3	4	9
Less than 6 months	6-12 months	12-24 months (1-2 years)	More than 24 months (2 years)	Not relevant

### 7. When did the consumer start getting the service (month and year)? .....

### 8. What is your seniority level in your current job?

1	2	3	4	9
Less than 12 months	12-24 months	24-60 months (2-5 years)	More than 60 months (5 years)	Not relevant

### 9. Do you have academic training? Yes/no. If yes, which?

### 10. Were you trained for rehabilitative interventions? Yes (continue to the next table)/ No (you have finished the questionnaire).

*Put a check mark next to the types of interventions/classes for which you were trained.*

<b>10.1</b>	IMR – Operating and implementing the intervention plan “Illness Management and	
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	Recovery”	
<b>10.2</b>	Reducing self-stigma – A course for training and implementing the intervention for reducing self-stigma (NECT)	
<b>10.3</b>	SCIT – A course for training and implementing social-cognitive intervention.	
<b>10.4</b>	Motivating change – A course for training and implementing tools which motivate change and the tool for assessing and developing readiness.	
<b>10.5</b>	Managers – A basic course for training managers for psychiatric rehabilitation units.	
<b>10.6</b>	Managers phase 2 – Course-continuation for training managers for psychiatric rehabilitation units in the community.	
<b>10.7</b>	Training – A supervision course in psychiatric rehabilitation.	
<b>10.8</b>	Keshet – promoting sharing and communication for training parents, family members and care givers for communication in a cognitive way.	
<b>10.9</b>	Consumers as service providers – A course for training consumers as service providers.	
<b>10.10</b>	Employment – A course in rehabilitation and going back to work.	
<b>10.11</b>	Rehabilitation counselors – A basic training course for rehabilitation counselors in the rehabilitative system.	
<b>10.12</b>	A training course for building and implementing individual rehabilitation programs in the rehabilitative system.	
<b>10.13</b>	A training course for coordinators of individual rehabilitation programs.	
<b>10.14</b>	Self-advocating – A course for training and implementing intervention for self-advocating.	
<b>10.15</b>	A course for training dynamic cognitive intervention (DCI).	
<b>10.16</b>	Other: .....	
<b>10.17</b>	Other: .....	