

FAMILY NEEDS QUESTIONNAIRE

Name: _____

Date: ____-____-____

INTRODUCTION: Family and/or friends of persons who have had a traumatic injury often find they have their own special needs. These needs may or may not have been met during the patient's rehabilitation. Often, these needs change over time. We are interested in seeing whether or not your needs have been met. The information you provide will help us to understand the needs of your family as well as other families of persons with serious injuries.

DIRECTIONS: For each of the following questions please use the scale described below to tell us if a need has been met or not. Circle Y (Yes) if the need has been met, circle P (Partly) if the need has only been partly met, and circle N (NO) if the need has not been met at all.

I NEED

HAS THIS NEED BEEN MET?

1. to be shown that medical, educational or rehabilitation staff respect the patient's needs or wishes.	Y	P	N
2. to be told daily what is being done with or for the patient.	Y	P	N
3. to give my opinions daily to others involved in the patient's care, rehabilitation, or education.	Y	P	N
4. to be told about all changes in the patient's medical status.	Y	P	N
5. to be assured that the best possible medical care is being given to the patient.	Y	P	N
6. to have explanations from professionals given in terms I can understand.	Y	P	N
7. to have my questions answered honestly.	Y	P	N
8. to be shown that my opinions are used in planning the patient's treatment, rehabilitation, or education.	Y	P	N
9. to have a professional to turn to for advice or services when the patient needs help.	Y	P	N
10. to have complete information on the <u>medical care</u> of traumatic injuries (e.g., medications, injection, or surgery).	Y	P	N
11. to have complete information on the patient's <u>physical problems</u> (e.g., weakness, headaches, dizziness, problems with vision or walking).	Y	P	N
12. to have complete information on the problems in <u>thinking</u> (e.g., confusion, memory, or communication).	Y	P	N
13. to have complete information on drug or alcohol problems and treatment.	Y	P	N
14. to be told how long each of the patient's problems are expected to last.	Y	P	N
15. to be shown what to do when the patient is upset or acting strange.	Y	P	N

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I NEED...	HAS THIS NEED BEEN MET?		
16. to have information on the patient's rehabilitative or educational progress.	Y	P	N
17. to have help in deciding how much to let the patient do by himself/herself.	Y	P	N
18. to have enough resources <u>for the patient</u> (e.g., rehabilitation programs, physical therapy, counseling, job counseling).	Y	P	N
19. to have enough resources <u>for myself or the family</u> (e. g., financial or legal counseling, respite care, counseling, nursing or day care).	Y	P	N
20. to have help keeping the house (e.g., shopping, cleaning, cooking, etc.)	Y	P	N
21. to have help from other members of the family in taking care of the patient.	Y	P	N
22. to get enough rest or sleep.	Y	P	N
23. to get a break from my problems and responsibilities.	Y	P	N
24. to spend time with my friends.	Y	P	N
25. to pay attention to my own needs, job or interests.	Y	P	N
26. to have my significant other understand how difficult it is for me.	Y	P	N
27. to have my partner or friends understand how difficult it is for me	Y	P	N
28. to have other family members understand the patient's problems.	Y	P	N
29. to have the patient's friends understand his/her problems.	Y	P	N
30. to have the patient's employer, coworkers or teachers understand his/her problems.	Y	P	N
31. to discuss my feelings about the patient with someone who has gone through the same experience	Y	P	N
32. to discuss my feelings about the patient with other friends or family.	Y	P	N
33. to be reassured that it is usual to have strong negative feelings about the patient.	Y	P	N
34. help getting over my doubts and fears about the future.	Y	P	N
35. help in remaining hopeful about the patient's future	Y	P	N
36. help preparing for the worst.	Y	P	N
37. to be encouraged to ask others for help.	Y	P	N