

**CONSUMER NEEDS  
 ASSESSMENT SURVEY**

Date \_\_\_\_\_

This survey is sponsored by The Center For Career Freedom, a non-profit self-help organization founded to improve the quality of services to persons with psychiatric disabilities.

The survey takes about 10-15 minutes to complete. You need not sign your name. Please return the survey to the Center's representative. Thank you!

- 1. For each service area listed below check off if you are currently receiving it now.  
 (Please check all that apply)**
- 2. If you don't currently receive this service now, do you require it?**

<u>Service Area</u>	<u>1. I'm Currently Receiving this Service Now</u>	<u>2. I Don't Currently Receive This Service but I Require it</u>
Job Training .....	( )	( )
Job Development .....	( )	( )
Job Coaching.....	( )	( )
IPRT .....	( )	( )
Health:		
Medicaid .....	( )	( )
Medicare .....	( )	( )
Psychotherapy.....	( )	( )
Psychopharmaceutical (prescriptions) .....	( )	( )
Continuing Day Treatment (CDT).....	( )	( )
Housing:		
Shelter Plus .....	( )	( )
Section 8.....	( )	( )
Residential Care Level I ( ), II ( ), III ( ).....	( )	( )
Shelter/Homeless .....	( )	( )
With My Family.....	( )	( )
Other _____ .....	( )	( )
Legal/Court Involvement.....	( )	( )
DSS/Public Assistance/Safety Net.....	( )	( )
Food Stamps.....	( )	( )
Family Assistance.....	( )	( )
Substance Abuse:		
AA.....	( )	( )
Other _____ .....	( )	( )
Transportation:		
Bus Pass (1/2 fare) .....	( )	( )
Own Car .....	( )	( )
Other .....	( )	( )

<u>Service Area</u>	<u>1. I'm Currently Receiving this Service Now</u>	<u>2. I Don't Currently Receive This Service but I Require it</u>
Clothing.....	( )	( )
Accompaniment (to DSS, Court, Job Site, etc.) .....	( )	( )
Advocacy/Legal .....	( )	( )
Social Clubs .....	( )	( )
Re-establishing Family/Friend Relationships.....	( )	( )
Daily Living Skills:		
Cooking.....	( )	( )
Cleaning.....	( )	( )
Shopping.....	( )	( )
Sleep:		
Getting to Sleep.....	( )	( )
Getting out of Bed.....	( )	( )
Cognitive Skills:		
Memory Improvement .....	( )	( )
Concentration.....	( )	( )
Reading.....	( )	( )
Analyzing Material .....	( )	( )
Time Management/Planning.....	( )	( )
Money Management/Saving.....	( )	( )
Opening Up Utility/Bank Accounts.....	( )	( )
Finding a Suitable Church/Synagogue.....	( )	( )
Food Donations/Home Delivered Meals .....	( )	( )
Hospital Visitation .....	( )	( )
Ex-offender Records Clean-Up.....	( )	( )
Education; GED, etc. ....	( )	( )
Other Services:		
_____.....	( )	( )
_____.....	( )	( )

**3. Please check which Continuing Day Treatment Program (if any) you are currently participating in:**

**None ( ) (Skip to Q.4)**

- White Plains Hospital Center ( ) \_\_\_\_\_
- Westchester Jewish Community Services ( ) \_\_\_\_\_
- New York Hospital/Cornell Medical Center ( ) \_\_\_\_\_
- St. Vincent's Hospital Center ( ) \_\_\_\_\_
- United Hospital Center ( ) \_\_\_\_\_
- Sound Shore Medical Center ( ) \_\_\_\_\_
- Phelps Memorial Hospital Center ( ) \_\_\_\_\_
- St. Joseph's Medical Center ( ) \_\_\_\_\_
- The Guidance Center ( ) \_\_\_\_\_
- Other \_\_\_\_\_ ( ) \_\_\_\_\_

**4. And which, if any vocational programs are you participating in?**

None ( ) (Skip to Q.5)

- Career Quest/Search for Change ( )
- Center for Career Freedom ( )
- QUIP/Search for Change ( )
- Guidance Center Industries ( )
- JAWONIO ( )
- MHA/Jobs Plus ( )
- VESID ( )
- New York Hospital/Cornell Medical Center ( )
- St. Vincent's Hospital ( )

**5. And which social club(s) or drop-in center have you attended in the past year?**

None ( ) (Skip to Classification Section)

- Hope House (Port Chester) ( )
- Sterling Clubhouse/MHA (White Plains) ( )
- Avatar (Mt. Vernon) ( )
- Guidance Center (Mt. Kisco) ( )
- Consumer Empowerment Center/Dimensions  
(New Rochelle) ( )
- Revive (New Rochelle) ( )
- JAWONIO (Yonkers) ( )
- Phelps/JAWONIO (Ossining) ( )

**6. For each statement below, please check off whether you feel it is mostly True of False.**

**Services provided by former mental patients in self-help/peer/consumer/recipient organizations are.....**

- |  | <u>True</u> | <u>False</u> |
|--|-------------|--------------|
| a. more effective because they have "been there"                                   | ( )         | ( )          |
| b. more caring because they understand what I've had to go through                 | ( )         | ( )          |
| c. not as professional as others because they don't always have the same training. | ( )         | ( )          |

- d. more street-smart; they know about more resources and how to access them ( ) ( )
- e. not as objective as others, they tend to get overly emotional ( ) ( )

**7. If asked, would you...**

- write letters of support? ( )
- attend an evening, local meeting? ( )
- demonstrate/attend a rally? ( )
- take a bus to Albany to demonstrate (at no charge)? ( )

**8. What is the single, most pressing problem you have today?\_\_\_\_\_**

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Thank you!