

Survey 4: Clients diagnosed with a chronic condition

Client demographic questions

1. Client's Gender:

- Male
- Female

2. Client's Age: _____

3. Ethnicity as identified by the client and/or the caregiver(s):

- White
- Chinese
- Black
- Filipino
- Latin American
- South Asian (e.g., East Indian, Pakistan, Sri Lankan, etc.)
- Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- West Asian (e.g., Afghan, Iranian, etc.)
- Arab
- Japanese
- Korean
- Aboriginal Peoples of North America (North American Indian, Métis, Inuit)
- Other (*please specify*): _____

4. Sexual orientation as reported by the identified client, if known:

- Heterosexual
- Gay/lesbian
- Bisexual
- Unknown

5. Marital Status:

- Married
- Common Law
- Widowed
- Separated
- Divorced
- Single and never married
- Unknown

6. Client's living arrangements:

- Private residence
- Residential care
- Correctional setting
- Homeless or shelter
- Other (*please specify*) : _____

7. Please indicate the client's educational attainment:

- Grade 8 or lower
- Some high school
- High school diploma
- College certificate or diploma
- Trades certificate or diploma
- Some undergraduate
- Undergraduate degree
- Graduate or professional degree
- Unknown

8. Is the client employed?

- Full-time
- Part-time
- No
- Disability pension
- Unknown

Client chronic disease characteristics

9. ONE of the adult clients who received my services recently has been diagnosed with:

- Cardiovascular disease
- Diabetes
- Both
- Neither

10. Which type of diabetes has the client been diagnosed with:

- Type 1 (diagnosed before age 30)
- Type 2 (progressive, diagnosed in adulthood)

11. Can the client's condition be described as:

- Acquired
- Present at birth

12. When was the client diagnosed with CVD/diabetes?

- Within the last year
- 1-5 years ago
- 5-10 years ago
- More than 10 years ago

13. Since diagnosis, has the client's disease:

- Deteriorated
- Remained unchanged
- Improved
- Greatly improved
- Don't know

14. Did the client seek psychological services primarily to manage their CVD/diabetes?

- Yes
- No

15. Did the client's psychological problems precede the diagnosis of CVD/diabetes or follow it?

- Precede
- Follow
- Don't know

16. Do you or any other of the client's health care providers feel that the client's CVD/diabetes is impacted by psychological factors (e.g., depression, stress management)?

- Yes
- No

16.2 Briefly describe how psychological factors could be impacting the client and his/her management of CVD/diabetes:

17. What types of clinically significant stress is the client dealing with?

- Work
- Family
- Relationship
- Financial
- Social

18. Are family members or significant others involved in the psychological services you provide to the client?

- Yes
- No

19.1 Does the client report any comorbid chronic conditions, other than CVD/diabetes and the presenting psychological problem?

- Yes, the comorbid condition is *not* part of the presenting problem
- Yes, the comorbid condition is *contributing* to the presenting problem
- No
- Unknown

19.2 What functions are affected by the client's other comorbid chronic condition(s)? (*Check all that apply*)

- Mental functions (i.e., thinking, feeling, behaving)
- Neurological functions (e.g., balance, visual fields, initiation of activity)
- Gross and fine motor functions (e.g., walking, using tools and utensils)
- Visual functions
- Auditory functions
- Speech and language functions
- Gastrointestinal functions (e.g., digestion, elimination)
- Endocrine functions (e.g., regulation of body temperature, sleep, metabolism, growth)
- Cardiac functions (e.g., diseases or conditions affecting the operation of the heart)
- Respiratory functions
- Immunological functions
- Other (*please specify*) : _____

20.1 Please rate the extent to which you believe the client's daily functioning is restricted by his or her mental health problems or chronic condition(s):

- None
- Little
- Moderate
- Severe
- Unknown

20.2 Is the restriction in functioning because of the client's chronic condition(s) or his/her presenting psychological problem?

- Chronic condition(s)
- Presenting psychological problem
- Both

21.1 Please rate the extent to which you believe the client's CVD/diabetes and/or presenting psychological problem impacts his or her family or significant others:

- None
- Little
- Moderate
- Severe
- Unknown

21.2. Is the impact on family because of the client's CVD/diabetes or his/her presenting psychological problem?

- CVD/diabetes
- Presenting psychological problem
- Both

22.1 Please rate the extent to which you believe the client's CVD/diabetes and/or presenting psychological problem impacts his or her ability to work:

- None
- Little
- Moderate
- Severe
- Unknown

22.2 Is the impact on work because of the client's CVD/diabetes or his/her presenting psychological problem?

- CVD/diabetes
- Presenting psychological problem
- Both

23. In general, when you provide services to adult clients with cardiovascular disease (CVD) OR diabetes, how common is it for the **management of CVD/diabetes** to be a focus of treatment? (By management, we mean behavioural management such as maintaining exercise or diet, managing stress, etc.)

- The management of CVD/diabetes is always or most often a focus of treatment
- Half the time a focus of treatment
- Occasionally a focus of treatment
- Rarely or never a focus of treatment

24. In general, when you provide services to adult clients with CVD/diabetes, how common is it for the **psychological distress associated with having CVD/diabetes** to be a focus of treatment? Here we mean helping adult clients deal with feelings such as the fear of a heart attack or death, sadness about loss or change in activity brought about by illness, regret or guilt about the impact of the disease on family members, etc.

- Psychological distress associated with CVD is always or most often a focus of treatment
- Half the time a focus of treatment
- Occasionally a focus of treatment
- Rarely or never a focus of treatment

25. In general, when you provide services to adult clients with CVD/diabetes, how common is it for you to involve the client's family or significant other(s)?

- Always
- Half the time
- Occasionally
- Rarely or never

26. In general, when you provide services to adult clients with CVD/diabetes, how often do you communicate with the primary care provider (e.g. family physician) or specialist care provider (e.g. cardiologist, endocrinologist) who manages the physical aspects of the client's chronic condition?

- Regularly
- Once or twice over the course of psychological treatment
- Never

27.1 In general, do you collaborate with any non-medical, non-nursing health care providers (e.g., occupational therapist, pharmacist, recreational therapist) in helping your adult clients manage their CVD/diabetes?

- Yes
- No

27.2 If so, who do you collaborate with?

Client service characteristics questions

28. What service(s) did you provide to the client during this session?
(Check all that apply)

- Assessment
- Treatment
- Consultation

28.2 Please specify and briefly describe the type of assessment, therapy, and/or consultation you provided:

29. How many sessions do you anticipate providing in total to this client?
(Including all previous and future sessions): _____

30. Thus far in your provision of services to this client, did you consult with other health professionals in relation to the treatment of the client?
(Check all that apply)

- Family physician or general practitioner
- Dietitian or nutritionist
- Occupational therapist
- Physiotherapist
- Medical specialist (e.g., endocrinologist, cardiologist)
- Other (*please specify*): _____
- Did not consult

31. Is this client receiving services from another regulated healthcare provider for the same problem he or she presented to you?

- Yes
- No

31.2 From whom are they receiving these services? (*Check all that apply*)

- Psychiatrist
- Family physician or general practitioner
- Nurse practitioner
- Psychologist
- Counsellor
- Social worker
- Speech language pathologist
- Occupational therapist
- Social service agencies
- Physiotherapist
- Medical specialist (e.g., endocrinologist, cardiologist)
- Other (*please specify*): _____

32. How was the client referred to you?

- Self
- Other client
- Legal system
- Family member
- School system
- Psychologist
- Psychiatrist
- Physician
- Other health care professional
- Insurance system
- Community service
- Social services
- Professional referral service

33. Have you made any referrals for this client for: (*Check all that apply*)

- Substance abuse treatment
- Other mental health treatment
- Psychological assessment (e.g., neuropsychological, educational, vocational)
- Child and family services
- Social services other than child and family services
- Medication evaluation
- Other health care services (*please specify*): _____
- Support or self help
- No referrals made

34. In what type of setting or organization did you provide the service to this client?

- Private practice setting – group practice
- Private practice setting – individual practice
- Public health care organization (e.g. hospital, clinic)
- Correctional facility
- Community program
- School (e.g., university or college)

35. Briefly, what are the top 3 factors that challenged you in providing or ensuring the best possible service for this particular client? (e.g., lack of specialized services in the community, lack of funding for a needed service, lack of collaboration among partners in care, lack of support from others involved in care)

Client psychosocial functioning questions

36. Does the client have any early or identifiable risk factors for mental health problems? (*Check all that apply*)

- Parental mental disorder and/or family history of mental health problem
- Physical disability and/or long-term illness in the family
- Other health problems
- Marital problems
- Bereavement
- Exposure to traumatic events
- Mobility (e.g. frequent moves)
- Failure to graduate from high school
- Physical and/or sexual abuse as a child
- Removal from family by child welfare authorities
- Unknown
- No risk factors
- Other (*please specify*): _____

37. What are the reasons for which the client is seeking services or was brought for services? (*Check all that apply*):

- Mood problems or disorders
- Anxiety problems or disorders
- Personality disorders
- Intrapersonal issues (e.g., self-esteem, self-confidence, anger, conduct)
- Interpersonal issues / Relationship conflicts
- Vocational issues
- Learning problems
- Cognitive functioning problems of adulthood (other than learning)
- Cognitive functioning problems of childhood (other than learning)
- Psychological and psychosocial problems of childhood
- Psychosis
- Managing health, injury, and illness

- Adjustment to life stressors (e.g., work problem, marital problem, bereavement)
- Eating disorders
- Sleep problems or disorders
- Somatoform disorders (e.g., chronic pain)
- Sexual abuse and trauma
- Sexual disorders
- Substance use and/or abuse disorders
- Other (*please specify*): _____

38.1 Does your client have any DSM-IV diagnoses?

- Yes
- No
- Diagnostic evaluation not yet completed
- Unknown
- I do not use the DSM

38.2 If you do not use the DSM, do you make diagnoses using a different classification? (e.g., ICD-10)

- Yes, *please specify*: _____
- No

38.3 Enter the client's diagnoses:

Primary Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

Additional Diagnosis: _____

39. Please rate the extent to which you believe, prior to seeing you, the client's daily functioning was negatively affected by his or her presenting problem(s):

- None
- Little
- Moderately
- Severely
- Unknown

40. Thus far in your work with this client how much change has there been in his or her presenting problem(s)?

- Recovered
- Greatly improved
- Improved
- Remained unchanged
- Deterioration
- Not applicable

41. Client's self-appraisal of health status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Unknown

42. Does your client have a substance use problem or disorder which is not the presenting problem but is concomitant with it?

- Yes
- No
- Unknown

43. Does the client have suicidal thoughts, ideations, or tendencies?

- Yes
- No
- Unknown

44.1 Is the client receiving psychotropic medication for their *psychological problem*?

- Yes
- No
- Unknown

44.2. If yes, what medication(s)? (*Check all that apply*)

- Antidepressant
- Anxiolytic
- Antipsychotic
- Stimulant
- Hypnotic
- Mood Stabilizer
- Unknown
- Other (*please specify*): _____

44.3. If yes, this medication is prescribed to the client by:

- Family physician or general practitioner
- Other specialist physician
- Psychiatrist
- Nurse-practitioner
- Other health specialist