

## Survey 2: Survey of clients of mental health services

### **Client demographics**

1. Client's Gender:

- Male
- Female
- Transgender

2. Client's Age: \_\_\_\_\_

3. Including today's session, how many sessions have you had with this client? \_\_\_\_\_

4. How many more sessions do you anticipate providing to this client?  
\_\_\_\_\_

**5.** Is the client:

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

**6. Client's language spoken at home:**

- English
- French
- Other (please specify) \_\_\_\_\_

**7. Was the client born in Canada or did the client move to Canada?**

- Born in Canada
- Not born in Canada, and has lived here for \_\_\_\_\_ years

**7.2 Under what status did the client move to Canada?**

- Immigrant
- Refugee
- Unknown

**8. Marital Status:**

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

**9. Sexual orientation as reported by the client:**

- Heterosexual
- Gay/lesbian
- Bisexual
- Unknown

**10.** Client's living arrangements:

- Private residence
- Residential care
- Institutional setting
- Homeless or shelter
- Other (please specify) \_\_\_\_\_

**11.** For clients 17 years of age or older, please indicate their 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
- Not applicable

**12.** If your client is over the age of 16, are they a student?

- Full-time
- Part-time
- No
- Not applicable

13.1 Is the client employed?

- Full-time
- Part-time
- No
- No, but on disability
- Unknown
- Not applicable

13.2 What is your client's occupation?

- Management
- Professional (e.g. lawyer, accountant, physician, nurse, psychologist)
- Technologist, technician or technical occupation
- Administrative, financial or clerical
- Sales or service
- Trades, transport or equipment operator
- Occupation in farming, forestry, fishing or mining
- Occupation in processing, manufacturing or utilities
- Other (please specify) \_\_\_\_\_

## **Client service characteristics**

14. Language in which service is provided to client:

- English
- French
- Other (please specify) \_\_\_\_\_

15.1 Is this client receiving another health service for the same presenting problem?

- Yes
- No

15.2 From whom are they receiving these services?

- Psychiatrist
- Family practitioner or general physician
- Nurse practitioner
- Psychologist
- Counsellor
- Educational professional
- Other (please specify) \_\_\_\_\_

16. 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 or street outreach program
- School
- University or college

17. How did the client or the client's caretaker pay for the service?  
The service was:

- Paid for services directly, with no extended health insurance reimbursement
- Pay for services directly, all or most of which is reimbursed by extended health insurance
- Paid for directly by workers' compensation board (e.g., WSIB)
- Paid for directly by other insurer or program (e.g., motor vehicle accident insurance)
- Paid for directly by employer through an employee assistance programme
- Received services within a publicly funded institution (e.g., hospital, school, correctional facility)
- Received pro-bono services
- Other (please specify): \_\_\_\_\_

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

- Assessment which includes psychometric testing of mood, behaviour, or personality
- Assessment which includes psychometric testing of intellectual functioning
- Neuropsychological assessment
- Vocational assessment
- Cognitive behavioural therapy
- Interpersonal therapy
- Psychodynamic therapy
- Humanistic/experiential therapy
- Family systems therapy
- Other (please specify) \_\_\_\_\_

19. In this session, who was included in the delivery of the service?

- Client alone
- Client with significant other (e.g., partner, spouse, roommate)
- Client with family member(s)
- Client with other caregiver(s)
- Client with other service provider(s)
- Client with other (please specify)\_\_\_\_\_

20. Service setting is in:

- Major urban centre
- Suburb of major urban centre
- Smaller city or town
- Rural setting

21. 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

22. Have you made any referrals for this client for: (check all that apply)

- Substance abuse treatment
- Other mental health treatment
- Psychological assessment (neuropsychological, educational, vocational)
- Child and family services
- Social services other than child and family services
- Medication evaluation
- Other health
- Support or self help
- No referrals made

**Client psychosocial functioning**

23. 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
- Marital problems
- Bereavement during childhood
- 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) \_\_\_\_\_



24. Which best describes your client's presenting problem (check as many that apply):

- Mood disorders
- Anxiety disorders
- Personality disorders
- Intrapersonal issues (eg. 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 (work problem, marital problem, bereavement)
- Eating disorders
- Sleep disorders
- Somatoform disorders (e.g., chronic pain)
- Sexual abuse and trauma
- Sexual disorders
- Substance use and/or abuse disorders
- Other (please specify)\_\_\_\_\_

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

- None
- Little
- Moderately
- Severely
- Unknown

26. Thus far in your services to this client how much change is there in his or her presenting problem(s)?

- Recovered
- Greatly improved
- Improved
- No change
- Deterioration

27. Does the client report problems related to a chronic disease, disorder or condition? (check all that apply)

- Neurological functions
- Mental functions
- Gross and fine motor functions
- Visual functions
- Auditory functions
- Speech and language functions
- Gastrointestinal functions
- Endocrinological functions
- Cardiological functions
- Respiratory functions
- Immunological functions
- Other (please specify) \_\_\_\_\_
- Unknown
- No Chronic Disorder

28. Please rate the extent to which you believe the client's daily functioning is restricted by his or her chronic disease(s), disorder(s) or conditions:

- None
- Little
- Moderate
- Severe
- Unknown

29. Client's appraisal of own health status (if the client is under 14, please enter the caregiver's appraisal of health status):

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

30.1 Does your client have any DSM-IV diagnoses?

- Yes
- No
- Diagnostic evaluation not yet completed
- Unknown

30.2 Enter the names of diagnoses for this client: (Click here for [DSM-IV Diagnostic Names](#) )

Primary Diagnosis: \_\_\_\_\_

Additional Diagnosis: \_\_\_\_\_

Additional Diagnosis: \_\_\_\_\_

Additional Diagnosis: \_\_\_\_\_

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

- Yes
- No
- Unknown

32. Is the client receiving psychotropic medication?

- Yes
- No
- Unknown

32.2 If yes, what medication(s)? (check all that apply)

- Antidepressant
- Anxiolytic
- Antipsychotic
- Stimulant
- Hypnotic
- Mood Stabilizer
- Unknown

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

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

33. Does your client take medication for a health problem which is related to the presenting problem? (e.g., seeing you for help in managing chronic pain and patient takes pain medication)

- Yes
- No
- Unknown

34. Does your client take medication for another health problem unrelated to the presenting problem? (e.g., seeing you for depression and takes antihypertensive medication)

- Yes
- No
- Unknown