

Talents, Abilities, and Skills

Daily routine

Where are you living?

Do you live with roommates, family members, a spouse, or a significant other?

- Yes
- No

Describe a typical day.

What kind of hobbies, work, chores, and relaxing activities do you regularly spend time on?

Are there times when you are not doing anything?

- Yes
- No

Educational and work activities

Are you taking classes?

- Yes
- No

Do you study any subjects on your own?

- Yes
- No

Are you working (part-time, full-time, volunteer)?

- Yes
- No

Are you in a training program?

- Yes
- No

Leisure activities and creative outlets

What do you like to do when you have time off?

What are your hobbies? Do you like to...

Read?

- Yes. What kind of books? _____
- No

Write or keep a journal?

- Yes
- No

Play an instrument?

- Yes
- No

Listen to music?

- Yes. What kind of music? _____
- No

Go to the movies or watch television?

- Yes. Which movies or shows? _____
- No

Draw or do other kinds of art?

- Yes
- No

Look at artwork?

- Yes
- No

Relationships

Which people do you spend time with regularly? Co-workers? Classmates? Spouse or significant other? Family? Friends?

Is there anyone with whom you would like to spend more time?

- Yes. Who? _____
- No

Who would you say are the supportive people in your life, the ones you can talk to about problems?

Which supporters would you like to involve in the Illness Management and Recovery Program?



Spiritual supports

Is spirituality important to you?

- Yes
- No

What do you find comforting spiritually?

How do you take care of your spiritual needs?

Are you involved in a formal religion?

- Yes
- No

Do you meditate?

- Yes
- No

Do you look to nature for spirituality?

- Yes
- No

Do you look to the arts for spirituality?

- Yes
- No

Health

What do you do to take care of your health?

How would you describe your diet?

Do you exercise?

- Yes
- No

Do you have any health problems for which you see a doctor?

- Yes
- No

What is your sleep routine?

Knowledge

Previous experience with peer-based education or recovery programs

Have you been involved in a program that was described as a *recovery program*? (Check all that apply)

- Recovery Education program
- Self-help program
- Peer support program
- Wellness Recovery Action Plan (WRAP) program
- Groups that talked about recovery

Previous experience with a practitioner-based educational or recovery program

Have you taken a class about mental health?

- Yes
- No

Have you attended a family education program?

- Yes
- No

Knowledge about mental health

In your opinion, what does *recovery* from mental illnesses mean?

What is an example of a psychiatric symptom you have experienced?

What do you think about psychiatric symptoms?

What are some of the pros and cons (benefits and risks) of taking medication for psychiatric symptoms?

What do you do to help yourself prevent relapses?

How does stress affect you?

What helps you cope with stress or symptoms?

What mental health services have helped you?

About the Illness Management Recovery program

Do you have any specific questions that you would like to have answered in the Illness Management and Recovery program?

What would you like to gain from the Illness Management and Recovery Program?