



Roberta's House

PROGRAM SURVEY APPLICATION - [Adult]

NAME: _____

ID: _____

Family ID: _____

Nickname or name liked to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of children/teens in program: _____

Emergency contact: _____ Phone: _____

Section A: All About Me

Please check mark or fill in the blanks for the following questions

1. **Date:** _____ **Program Enrolled in:** _____
2. **Age:** _____ **Date of Birth:** Month: _____ Day: _____ Year: _____
3. **Gender:** Female Male
4. **Lesbian** **Gay** **Transgender** **Bi-Sexual** **Queer** **N/A**
5. **Ethnic Background (check one):**
 Non-Hispanic Hispanic-Puerto Rican Hispanic-Cuban
 Hispanic-Mexican Other Hispanic-Latino
6. **Race (check all that apply):**
 African American/Black Asian American
 Native Hawaiian/Pacific Islander American Indian/Alaska Native
 White
 Multi-Racial (please specify) _____
 Other (please specify) _____
7. **Primary Language:**
 English Spanish Italian
 French Sign Language
 Other (please specify) _____
8. **Citizenship Status:**
 US Citizen Permanent Resident
 Other (please specify) _____
9. **Religious Affiliation:**
 None Baptist Protestant Roman Catholic
 Jewish Islamic/Muslim Buddhist Orthodox Christian
 Other (please specify) _____
10. **Veteran Status:**
 Not a Veteran WWII Era (12/7/41-12/31/47)
 Korean Hostilities (6/27/50-10/27/53) Vietnam Era (7/1/64-7/1/75)
 Veteran – Dates Undetermined Veteran – Other Dates: _____
11. **Primary Occupation (may be different than current employment):**
 None Homemaker Professional/Technical/Managerial Processing
 Student Clerical/Sales Machine Trades Bench-Work/Structural Work
 Laborer/Service Agricultural/Fishery/Forestry
 Other (please specify): _____
12. **Current Employment:** _____
13. **Current Employment Status:**
 Full Time Part Time Unemployed
 Self-Employed Retired Student

14. Marital Status:

Never Married Separated Widowed
 Married Divorced/Annulled Civil Union

15. Highest Education Level Completed:

Less than High School High School Diploma Some College
 College Diploma Masters Degree More than a Masters

16. Annual Income:

Below \$5,000 \$5,001-\$10,000 \$10,001-\$15,000
 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000
 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000
 \$45,001-\$50,000 Over \$50,001

17. Primary Household Provider:

You Your Deceased Loved One Other (please specify): _____

18. Medical Information:

Do you have any chronic medical conditions? Yes No

If yes: Asthma Diabetes Seizures Allergies

Other (please specify): _____

Do you have any disabilities or handicaps? Yes No

If yes, please specify: _____

Have you ever been diagnosed with a psychiatric disorder? Yes No

If yes, when? _____ What disorder? _____

Are you taking any medications? Yes No

If yes, please list: _____ Do

Do you have medical insurance? Yes No

If yes, please provide the name: _____ Medical Asst. Yes No

19. Past Experiences (check all that apply):

Car Accident Other Accident Fire

Personal Illness Witness of a Disaster Foster Care

Death of a Pet Theft/Loss Neglect

Victim of Rape Witness of a Murder Sexual Abuse

Physical Abuse Emotional Abuse Victim of a Crime

Witness of a Crime Legal Involvement Custody Disputes

Witness of a Violent Crime Victim of Domestic Violence

Victim of a Violent Crime Friend/Loved One Incarcerated

Witness of Domestic Violence Caregivers' Divorce/Separation

Illness of a Loved One/Friend Relocation to New House/Community

Friends/Loved Ones Moving Away

Other (please specify): _____

20. What do you hope to gain from the bereavement program at Roberta's House? (check all that apply)

- Support for Self/Family Education about Grief Treatment for Difficulties
 Anger Management Referral for Therapy Referral to Community Resources
 Other (please specify): _____

Section B: About My Loved One(s) That Died

First person who died:

1. Name: _____
2. Age at Death: _____ Date of Death: _____
3. Cause of Death: _____
4. Did you witness the death of the person who died? Yes No
5. Did you discover the body of the person who died? Yes No
6. How did you find out about the death? _____
7. Relationship to You:
 Spouse Parent Child Sibling Aunt/Uncle Cousin
 Other (please specify): _____
8. How would you rank your level of closeness to your loved one? (please check the one that best applies to you)
 Not Close Somewhat Close Close Very Close
9. Did you attend the funeral? Yes No

Second person who died:

10. Name: _____
11. Age at Death: _____ Date of Death: _____
12. Cause of Death: _____
13. Did you witness the death of the person who died? Yes No
14. Did you discover the body of the person who died? Yes No
15. How did you find out about the death? _____
16. Relationship to You:
 Spouse Parent Child Sibling Aunt/Uncle Cousin
 Other (please specify): _____
17. How would you rank your level of closeness to your loved one? (please check the one that best applies to you)
 Not Close Somewhat Close Close Very Close
18. Did you attend the funeral? Yes No

19. Have you experienced the death of others? Yes No

If yes, please list:

Name & Date Died	Relationship to You	Cause of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. How did you hear about Roberta’s House? (check all that apply)

- a. Church: _____
- b. Radio
- c. Counselor/Therapist
- d. School: _____
- e. Family/Friend: _____
- f. Job
- g. Community Event
- h. Agency: _____
- i. Walk-in
- j. Referred by someone who previously attended: _____
- k. Other: _____

Symptoms/Problems I Have Had Since My Loved One(s) Died

Please tell us how frequently you experience the following

	Never	Rarely	Sometimes	Often	Always
1. Have a positive attitude or self image					
2. Have a negative attitude or self image					
3. Use bad language					
4. Argue with people					
5. Start physical fights					
6. Feel sad or depressed					
7. Feel angry or lose temper easily					
8. Eat more or less than usual					
9. Sleep more or less than usual					
10. Complain about/have physical ailments (e.g., headaches)					
11. Feel agitated or restless (e.g., can't sit still)					
12. Feel tired or fatigued					
13. Have thoughts of death or dying					
14. Think about suicide or harming yourself					
15. Fear parent/caregiver or loved ones dying					
16. Refuse to talk about the deceased					
17. Refuse to talk about death in general					
18. Engage in illegal activity (e.g., stealing, destruction of property, etc.)					
19. Feel numb					
20. Worry about the future					
21. Cry more than usual					
22. Use drugs or alcohol					
23. Feel responsible for or guilty about the death					
24. Feel unsafe					
25. Have nightmares or recurring nightmares					
26. Sexually active					
27. Have new fears					
Specify:					

Understanding My Grief

Read each statement carefully, then indicate by checking the box to what extent it applies to your situation.

		NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
1.	I think about this person so much that it's hard for me to do things they normally do...					
2.	Memories of the person who died upset me...					
3.	I feel I cannot accept the death of the person who died					
4.	I feel myself longing for the person who died...					
5.	I feel drawn to places and things associated with the person who died...					
6.	I can't help feeling angry about his/her death...					
7.	I feel disbelief over what happened...					
8.	I feel stunned or dazed over what happened...					
9.	Ever since he/she died it is hard for me to trust people...					
10.	Ever since he/she died I feel like I have lost the ability to care about other people or I feel distant from people I care about...					
11.	I have pain in the same area of their body or have some of the same symptoms as the person who died...					
12.	I try to avoid reminders of the person who died...					
13.	I feel that life is empty without the person who died...					
14.	I hear the voice of the person who died speak to me...					
15.	I see the person who died stand before me...					
16.	I feel that it is unfair that I should live when the person died...					
17.	I feel angry over this person's death...					
18.	I feel jealous of others who have not lost someone close...					
19.	I feel lonely a great deal of the time ever since he/she died					
	Office Use Only Scoring					

Reaching Out

Please tell us about the services or people you reach out to during times of distress

1. People differ a lot in their feelings about seeking professional help for emotional or behavioral concerns. On a scale of 1 (lowest) to 5 (highest):

How likely would you be to enroll in professional mental health services if you had an emotional or behavioral concern? 0 1 2 3 4 5

How comfortable would you be talking about personal problems with a professional? 0 1 2 3 4 5

How embarrassed would you be if your friends knew you were getting help for an emotional or behavioral concern? 0 1 2 3 4 5

2. Who did you reach out to or talk to when your loved one died?

Family members Friends Church members

Others (please describe/list) _____

3. Are you currently receiving any services for or related to an emotional or behavioral concern (including drug or alcohol problems)? Yes No

4. Have you ever received any services for an emotional or behavioral concern (including drug or alcohol problems)? Yes No

If yes to either question #3 or #4 above, which type of service? (please check all that apply):

- | | | |
|--|---|--|
| Assessment/Evaluation <input type="checkbox"/> | Case Management <input type="checkbox"/> | Emergency Room <input type="checkbox"/> |
| Crisis stabilization <input type="checkbox"/> | Individual Therapy <input type="checkbox"/> | Group Therapy <input type="checkbox"/> |
| Family Therapy <input type="checkbox"/> | Day treatment <input type="checkbox"/> | Inpatient Hospitalization <input type="checkbox"/> |
| Residential Treatment <input type="checkbox"/> | Foster Care <input type="checkbox"/> | Group Home <input type="checkbox"/> |
| Respite Care <input type="checkbox"/> | Family Preservation <input type="checkbox"/> | Flexible Funds <input type="checkbox"/> |
| Family Support <input type="checkbox"/> | Transportation Services <input type="checkbox"/> | |
| After School Care <input type="checkbox"/> | Psychiatric Medication/Medication Management <input type="checkbox"/> | |

Other (please describe) _____

5. If you have not received services or discontinued services, please tell us the reason (please check all that apply):

- | | |
|--|---|
| No Services Needed in Past/Now <input type="checkbox"/> | Decided Not to Continue/Enter in Services <input type="checkbox"/> |
| Past Services Have Been Completed <input type="checkbox"/> | Ineligible for Services <input type="checkbox"/> |
| Unable to Find Appropriate Services <input type="checkbox"/> | Unable to Find Services You Felt Were Useful <input type="checkbox"/> |
| Moved Away/Far From Services <input type="checkbox"/> | |

6. What services do you or your family need at this time? _____

How I'm Coping

Please place a check in the box that best describes how you're coping right now or these days.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I use mementos (pictures, videos, etc) to keep a positive connection to the person who died.					
I hold on to my pain as a means to remain connected to the person who died					
I rely on my belief in God to cope with the passing of my loved one.					
My spiritual beliefs help me make sense of the passing of my loved one.					
When I am around others I hide my emotions about the person who died.					
I do not mention their death around others to prevent myself from experiencing pain.					
I care for others before caring for myself.					
My family and I have been able to talk about the death.					
I will overcome this pain, just as those that have come before me.					
My family and I have been able to positively support each other since the death.					
I have been able to talk to the children in the family about the death. (if applicable)					
I believe my life will be hard, regardless of what effort I put in.					
I believe there were steps I could have taken to prevent his/her death.					
I feel ashamed to talk about his/her death to others.					
I believe others will stigmatize me if I talk about how he/she died.					
I believe the police and court system could do more to bring justice for their passing (if applicable)					