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# CMHEI - Socio-demographic Information - Family Member - F2

(Please print using BLOCK letters and numbers inside boxes)

STA - f2  
FAM  
pg. 1/7

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Length of Program Participation:  months

Gender:  Female  Male

What is your date of birth (mm/dd/yy)?  /  /

How many years of school did you complete? Please circle one.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Primary									Secondary						Post-secondary					

What is your marital status?

Single, Never Married       Separated

Married       Divorced

Living with Significant Other       Widowed

What category best represents your total household income before taxes, from all sources?

Less than \$10,000       \$30,000 - \$39,999       \$60,000 or more

\$10,000 - \$19,999       \$40,000 - \$49,999       Refused

\$20,000 - \$29,999       \$50,000 - \$59,999

Are you currently working?  Yes  No

**If yes, for current job, please indicate if :**

<input type="radio"/> Full-time	<input type="radio"/> Paid	<input type="radio"/> Self-employed
<input type="radio"/> Part-time regular	<input type="radio"/> Volunteer	<input type="radio"/> Not self-employed
<input type="radio"/> Part-time casual		

Does your ill relative normally live with you?  Yes  No

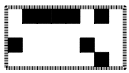
**If no, do you live in the same general area as your ill relative?**  Yes  No

How often do you have contact with your ill relative?  Daily  Weekly  Bi-weekly  Monthly  Less than monthly

Do you have any children? If so, how many? (If you have no children, enter "00".)

What is the total number of people, including yourself, presently living in your household? (Include everyone who lives there at least half the time.)





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# CMHEI - Socio-demographic Information - Consumer - F2

(Please print using BLOCK letters and numbers inside boxes)

STA - f2  
FAM  
pg. 2/7

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

This and all following forms collect information about the ill relative (referred to as the consumer).

Gender:  Female  Male

What is the consumer's date of birth (mm/dd/yy)?  /  /

How many years of school did the consumer complete? Please circle one.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+	Unknown
Primary					Secondary					Post-secondary									

What is the consumer's marital status?

Single, never married  Separated

Married  Divorced

Living with significant other  Widowed

Does the consumer have any living parents?  Yes, one living parent  No

Yes, two living parents  Unknown

Does the consumer have any living brothers and sisters?

Yes  No  Unknown

→ If yes...  How many?

How many live in the same general area as the consumer?

Does the consumer have any children? (Include natural, adopted, step and foster children.)

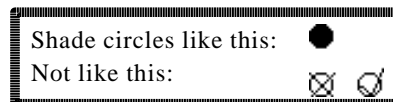
Yes  No  Unknown

→ If yes...  How many?

How many are under the age of 18?

Indicate consumer's diagnoses (given by licensed mental health professional) using the following categories. Select one or more:

- Mood disorder
- Anxiety disorder
- Schizophrenic disorder
- Personality disorder
- Developmental handicap
- Substance-related disorder
- Mental disorders due to a medical condition
- Delirium, dementia, amnesic, other cognitive disorders
- Specific disorder of childhood/ adolescence
- Other
- Unknown



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# CMHEI - Employment Log - F2

(Please print using BLOCK letters or numbers inside boxes)

STA - f2  
FAM  
pg. 4/7

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

Is the consumer **CURRENTLY** working, including volunteer work?  Yes  No  Unknown

For the **9 MONTH** period ending today, total number of different jobs (paid & unpaid): (Enter "99" if unknown.)

→ **If none or unknown, go to next page**

For the **9 MONTH** period ending today, list details of each different job (paid & unpaid) starting with most recent (or current) job:

Job status	Paid? (Enter 99.99 if unknown)	Job support	Self-employed?	Employed by CSI?	# of weeks
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
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<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>





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# CMHEI - Financial Log - F2

(Please print using BLOCK letters or numbers inside boxes)

STA - f2  
FAM  
pg. 5/7

ID:

Person Completing Form:

Date (mm/dd/yy):  /  /

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

Did the consumer have a regular source of income/ benefits during the past **9 MONTHS**?  Yes  
 No  Unknown If no or unknown, go to next page

If consumer did have a regular source of income/ benefits, indicate average monthly income during the past **9 MONTHS**? (Code 9999 if amount received is unknown.)  
\$

For a **TYPICAL MONTH** in the past **9 MONTHS**, indicate sources of income/ benefits:

	Indicate whether source received	Indicate amount rec'd from EACH source (Code \$9999 if amount rec'd unknown)	Mark primary source (only one)
Ontario Works (General Welfare Assistance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Ontario Disability Support Program (Family Benefits Allowance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Disability Income (GAINS-D, CPP)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Gross Earnings (self)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Pension/ Insurance (Workman's Compensation, Old Age Supplement (OAS), GIS, SPA, Employment Insurance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Contributions from family (including Spouse/ Partner) for living expenses (e.g., rent, food, utilities, allowance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Other Income, not Earnings or Benefits (e.g., alimony, child support, trust fund, inheritances) Specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

At any time in the past 9 months, was the consumer on Ontario Drug Benefits (ODB)?  Yes  if so, how many months?  
 No

At any time in the past 9 months, has the consumer had a public trustee?  Yes  if so, how many months?  
 No

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# CMHEI - Hospitalization Log - F2

(Please print using BLOCK letters or numbers inside boxes)

STA - f2  
FAM  
pg. 6/7

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

Has the consumer had any overnight stays during the past **9 MONTHS**?  
(e.x., for treatment, detox, safe bed)  Yes  No — **If no, go to next page**

If yes, please provide the following information for each separate stay:

Facility (enter first 12 letters)	Province (if not ON)	Reason* (check all that apply)	Facility code**	Voluntary	Days in Facility	Admission date also in last 9 months?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Psy <input type="radio"/> SA <input type="radio"/> Detox <input type="radio"/> Med	<input type="radio"/> PPH <input type="radio"/> Sp <input type="radio"/> GH1 <input type="radio"/> GH <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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\*: Reason: Psy: Psychiatric SA: Substance Abuse treatment Detox: Detoxification Med: Medical

\*\*: Facility Codes: PPH: Provincial Psychiatric Hospital SP: Specialty Hospital  
GH1: General hospital with psychiatric ward (schedule 1)  
GH: General hospital without psychiatric ward (non-schedule 1)  
Other: Non-hospital setting





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# CMHEI - Residential Log - F2

(Please print using BLOCK letters or numbers inside boxes)

STA - f2  
FAM  
pg. 7/7

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

### CURRENT SETTING:

Which setting best represents where the consumer is currently staying/ sleeping?

Private house/ apartment } How many people share this house/ apt/home (include consumer)?   
 Group home (Shared common space, varying levels of support.) }  
 Hostel/ shelter }  
 Boarding/ Foster home } How many people live under this roof (include consumer)?   
 Rooming house }

Retirement/ Long term care facility }  
 Correctional facility }  
 Hospital }  
 On the street }  
 Other

If consumer is currently staying in a facility, hospital, or on the street go to "STABILITY".

For this current setting,

Who does the consumer CURRENTLY (in the past week) live with? (Indicate all that apply.)

Spouse/Partner  Parent(s)  Child(ren)  Other family  Alone  Friend(s)/Other non-family

Is the consumer sharing a bedroom (excluding spouse/ partner)?  Yes  No

Level of staff support LINKED to the residential setting (e.g., support is lost if consumer moves). Exclude support provided by family.

Indicate all that apply.  None  On call  Regular  On site (specify):  Night  Day  24 hour  
(e.g. Crisis) Visit

Does the consumer pay rent?  Yes  No

IF YES: Amount of monthly rent: \$

Is the rent either geared to his/ her income or subsidized in some other way?  Yes  No  
Does this amount include board?  Yes  No

### STABILITY:

How many nights (consecutive or non-consecutive) has the consumer spent on the streets or in the shelters in the past 9 months?

None  <7 days  7-30 days  31-90 days  >90 days

Does the consumer expect to be staying where he/she is for less than 60 days in total (include # of days already there)?  Yes  No

How many times has the consumer moved during the past 9 months (excluding hospital and jail)?

If 0, go to NEXT PAGE

### MAIN SETTING:

Which setting best represents where the consumer stayed/slept most nights in the past 9 months?

Private house/ apartment } How many people shared this house/ apt/home (include consumer)?   
 Group home (Shared common space, varying levels of support.) }  
 Hostel/ shelter }  
 Boarding/ Foster home } How many people lived under this roof (include consumer)?   
 Rooming house }

Retirement/ Long term care facility }  
 Correctional facility }  
 Hospital }  
 On the street }  
 Other

If consumer stayed most nights in a facility, hospital or on the street, go to NEXT PAGE.

For this main setting,

Who was the consumer living with? (Indicate all that apply.)

Spouse/Partner  Parent(s)  Child(ren)  Other family  Alone  Friend(s)/Other non-family

Was the consumer sharing a bedroom (excluding spouse/ partner)?  Yes  No

Level of staff support LINKED to the residential setting. Exclude support provided by family.

Indicate all that apply.  None  On call  Regular  On site (specify):  Night  Day  24 hour  
(e.g. Crisis) Visit

Did the consumer pay rent?  Yes  No

IF YES: Amount of monthly rent: \$

Was the rent either geared to his/ her income or subsidized in some other way?  Yes  No  
Does this amount include board?  Yes  No

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