



National Alliance on Mental Illness

NAMI

San Mateo County

Peer Client Questionnaire/Application for Peer PAL Program

Date _____

Name _____ Phone _____

Email _____

Address _____

NOTE THAT ALL OF YOUR ANSWERS WILL BE HELD IN STRICT CONFIDENCE.

In order for us to get to know you better, please respond to the following questions:

1. How did you hear about this program?
2. What is your living situation (family, alone, group living, other)?
3. What are your recreational interests?
4. What are your favorite activities or hobbies?
5. Please tell us how isolated you currently feel: Not isolated 1 2 3 4 5 Extremely isolated
6. Circle your answers: I WANT A PEER PAL TO:

Support my Self-care or wellness:	Yes	No	Not Important	Somewhat Important
Help to identify and build my strengths	Yes	No	Not Important	Somewhat Important
Help me become less isolated	Yes	No	Not Important	Somewhat Important
Help me to speak out to get the services I need	Yes	No	Not Important	Somewhat Important

7. Are there any particular situations that you would like to address with your peer pal? Yes ___ No ___
(optional) If yes, please explain
8. Are there any conditions, medical (including allergies), or other that you want your peer pal to be aware of? Yes ___ No ___ If yes, please describe:

9. Do you have any side effects to your prescribed medications that you would like your peer pal to know about? Yes ___ No ___

If so, please describe:

10. Do you have any dietary restrictions? Yes ___ No ___

If yes, please describe:

11. What kind of transportation do you use? Own car ___ Bus ___

Other (please describe) _____

12. Do you smoke? Yes ___ No ___

13. Are there any substance abuse issues that might influence your ability to work with your peer pal?

If so, how are you handling them?

14. Using the following list, please circle 3 to 7 terms which best describe you:

considerate	sensitive	sad	spontaneous
homebody	ambitious	feminist	reserved
easygoing	responsible	cheerful	casual
intellectual	solitary	macho	open
emotional	honest	competitive	cautious
independent	fearful	organized	proud
aggressive	private	warm	generous

15. We recognize that you may want a peer pal in your age range. If this is important to you, please indicate your age range:

18-28 ___ 29-35 ___ 35-45 ___ 45-55 ___ over 55 ___

16. Because you may want your peer pal who has the same, or similar diagnosis to yours, thereby having a better understanding of you're going through. If this is important to you, please indicate your diagnosis.

Bi-Polar ___ Major Depression ___ Schizophrenia ___

PTSD ___

Other _____

17. How many days have you spent in the hospital or long term psychiatric facility in the past years?

18. Please tell us how hopeful you are about your recovery:

Not at all hopeful 1 2 3 4 5 Very hopeful

19. Please add any comments or questions here:

Thank You! We will be in touch shortly.

Mail/Scan your completed applications to: Rocio Cornejo, Peer PALS Coordinator
NAMI San Mateo County
1650 Borel Place, Suite 130; San Mateo, CA 94402
or email peerpals@namisanmateo.org