

**PEER PALS LEADERSHIP and SUPPORT (PALS) PROGRAM**  
**Peer Client Questionnaire/Application**

Date\_\_\_\_\_

Your Name\_\_\_\_\_ Your Phone\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Your Email\_\_\_\_\_

Your Address\_\_\_\_\_

PLEASE 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:

What is your living situation (family, alone, group living, other)?

What are your recreational interests?

What are your favorite activities or hobbies?

Who referred you to our program? Please Circle/Highlight and identify all that Apply:

Hospital Name\_\_\_\_\_ ; Doctor/Therapist; Agency Name\_\_\_\_\_ ;

Family/Friend; Pals Presentation at: \_\_\_\_\_ ; Family to Family/Peer to Peer;

Media type\_\_\_\_\_ ; NAMI volunteer; Other:\_\_\_\_\_

Please tell us how isolated you currently feel:

Extremely isolated 1 2 3 4 5 Not isolated

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

Are there any particular situations that you would like to address with your peer pal?

Yes\_\_\_\_ No\_\_\_\_ (optional) If yes, please explain

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

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:

Do you have any dietary restrictions? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe:

What kind of transportation do you use? Own car\_\_\_\_\_ Bus\_\_\_\_\_  
Other (please describe)\_\_\_\_\_

Do you smoke? Yes\_\_\_\_ No\_\_\_\_

Are there any substance abuse issues that might influence your ability to work with your peer pal?  
If so, how are you handling them?

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

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

Please indicate your age: \_\_\_\_

Please indicate your diagnosis.

Bi-Polar\_\_ Major Depression\_\_ Schizophrenia\_\_ PTSD\_\_

Other\_\_\_\_\_

How many days have spent in the hospital or long term psychiatric facility in the past year?

Please tell us how hopeful you are about your recovery:

Not at all hopeful 1 2 3 4 5 Very hopeful

Please add any comments or questions here:

Mail your completed application to: Peer PALS Coordinator  
NAMI SCC  
1150 S. Bascom Ave Suite 24  
San Jose, CA 95128  
Email: [peerpals@namisantaclara.org](mailto:peerpals@namisantaclara.org)