

OCAIRS Mental Health Interview (Form 1) Questions

Roles

- What do you do? What are your major responsibilities? (Parent? Spouse? Worker? Student? Homemaker?)
- Do you belong to any groups?
- (For each role mentioned) How important is ___ to you? Do you enjoy ___?
- How well are you able to ___ (for each role mentioned)?
- What else do you do? What other roles do you fill?

Habits

- Describe a typical weekday (before you began treatment/ this program/were hospitalized).
- Describe a typical weekend day (before you began treatment/this program/were hospitalized).
- Does your daily schedule let you do the things you need and want to do?
- Has your daily routine changed (over the last 6 months/ since your accident/since your divorce etc—pick some pivotal event if possible)? How?
- Are you satisfied with your current daily routine?

Personal Causation

- What things in your life do you feel you do well, or are proud of?
- What are some things that have been difficult for you? How did you handle it?
- What is the biggest challenge you are currently facing?
- How successful do you think you will be over the next six months?

Values

- What do you value most in your life? (What is most important to you?)
- What are other things or ideals that you value (are important to you)?
- How important are these to you?
- What about your life reflects these values? Are you able to live life in ways that fit with the values you think you

should have or try to live up to?

- Is there anything about your life that you feel goes against your values?

Interests

- Is your major occupational role such as, worker, student, volunteer, caretaker something you enjoy? What about it interests or satisfies you?
- What do you like to do with your time outside of _____ (work or major occupational role)?
- Do you have any other interests or hobbies?
- (For interests mentioned) How often do you ___? Are you satisfied with the amount of time you are able to spend ___?

Skills: Motor Skills, Process Skills, and Communication & Interaction Skills

- Are you able to do the things you want or need to do? (If no) What limits your ability to do things?
- Are you able to concentrate, problem-solve, and make decisions to get things done?
- Do you have the physical ability to accomplish what you need and want to do?
- Are you able to overcome these limitations and barriers?
- Do you prefer to work alone or with others? How well do you work with others?

Goals

- Do you ever set goals for yourself/make plans for the future? Have you followed through on any of them?
- What goals do you have for the next week? The next month?
- What are you doing to accomplish that?
- Do you have any long-term goals? (1 year, 5-10 years)
- How will you accomplish those?

Interpretation of Past Experiences

- Overall, do you feel you have had the typical ups and downs in your life or do you feel your life has been exceptionally better or worse than typical?

- Give an example of the best period of your life.
- Give an example of the worst period in your life.
- How was your life affected by these ups and downs?
- Have you been able to choose the important things in your life?
- When someone gives you feedback (asks you to change your behavior) how does it make you feel? How do you react?

Physical Environment

- Where do you live? (Location, house, apartment?) Is it easy to get around and get things done?
- In the area where you live, are there things to do/places to go that interest you?
- Is there someplace you go to on a regular basis (e.g., work, school, church, the park district, the doctor's office)? Is it easy to get to from your home?
- Are there any physical barriers at ___ (from above) or at home that prevent you from getting things done?
- In terms of activities you would like to participate in, places you would like to go, what if anything prevents you from doing so (Money, transportation, safety concerns, physical barriers)?
- Are there resources available to help you overcome barriers to getting things done?

Social Environment

- Do you spend a lot of time alone? Who do you spend most of your time with?
- Who are the most important people in your life right now?
- Does what they expect from you match what you like or would like to do?
- Would you describe your (work, school, community) setting as supportive?
- Do the people or situations in your life place limits on you?
- If you need help/support, can you count on family/friends/community?

Readiness for Change

- Tell me about a time when you experienced a big change in your life (moving, going away to school, death of a parent/spouse/child). Was it difficult to adjust?
- How do you handle it when your daily routine changes? (If needed, use an example from response given in Habits Section.)

OCAIRS PHYSICAL DISABILITY INTERVIEW (FORM 1) QUESTIONS

By Dr. Kirsty Forsyth, Emma Dobson, Heather Lamb

Social Environment

First, I would like to look at how things are for you at home in regards to family or homecare support and how this helps you with your daily life.

Do you live alone?

Do you have friends/family/neighbors who visit you regularly?

Do you have any home help?

Are you happy with the help they (family/home help) provide you with at the moment? (Restricted/ more support/more independence)

If you needed help or support do you feel you could count on your friends/family/home help?

Are you able to keep in touch with family/friends?

In your local area, are there places you go to regularly (i.e. church, bingo, drs, visit family etc), do you manage to get there ok?

We have looked at what social support you have at home, I would like to move on to look at your actual house and local community to find out what equipment and support you have from that.

Physical Environment

What type of house is it? How many rooms do you have?

Who owns your property?

How do you manage the stairs at home? (Banisters)

What is the layout of the house?

At your front/ back door do you have steps? (Rails)

Do you use a walking aid?

We have looked at your home situation I would now like to find out a bit more about your daily routine.

MORNING SELF-CARE ROUTINE

I'd like you to talk me through your morning routine

(NB: As each activity is discussed a range of questions are asked for each activity)

| Activity | For each activity ask |
|-----------------|---|
| Bed Transfer | Do you feel confident doing this activity (PC) |
| Toileting | Do you find this activity enjoyable/satisfying? (I) |
| Bathing/washing | How important is this activity for you? (V) |
| Dressing | Can you physically do the activity? (MS) |
| Chair Transfer | Do you have enough concentration to complete the activity? (PS) |
| | Do you have the full responsibility for doing the activity? (R) |
| | Does someone help you? (SE) |
| | Where do you carry out this activity? Do you have any equipment to help you? (PE) |
| | Do you have a routine when doing this activity? (H) |
| | Have you had difficult past experiences doing this activity? (PstE) |
| | Are you satisfied with your morning self-care routine (H)? |

BREAKFAST

I'd like you to talk me through your breakfast routine

| Activity | For each activity ask |
|------------------|--|
| Making Breakfast | Do you make your own breakfast? (R) What do you have for breakfast? Do you have a routine when making your breakfast? When do you have breakfast? (H) Do you feel confident with this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete the activity? (PS) Does someone help you? (SE) Where do you have your breakfast? (PE) Do you use any equipment to help you make your breakfast? (PE) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your breakfast routine? (H) |

MORNING

How do you typically spend your mornings?

LUNCH

I'd like you to talk me through your lunch routine

| Activity | For each activity ask |
|--------------|--|
| Making Lunch | Do you make your own lunch? (R) What do you have for lunch? Do you have a routine when making your lunch? When do you have lunch? (H) Do you feel confident with this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete the activity? (PS) Does someone help you? (SE) Where do you have your lunch? (PE) Do you use any equipment to help you make your lunch? (PE) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your lunch routine? (H) |

Appendix C

AFTERNOON

How do you typically spend your afternoons?

| Activity | For each activity ask |
|---|---|
| Do you go out? Attend any clubs/day centers? Meet friends? Do you go out to work? Do you have responsibilities? | Do you feel confident doing this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete activity? (PS) Do you have the full responsibility for doing the activity? (R) Does someone help you? (SE) Where do you carry out this activity? Do you have any equipment to help you? (PE) Do you have a routine when doing this activity? (H) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your afternoon routine? |

EVENING MEAL

I'd like you to talk me through your evening meal routine

| Activity | For each activity ask |
|--------------|--|
| Evening meal | Do you make your own evening meal? (R) What do you have for evening meal? Do you have a routine when making your evening meal? When do you have evening meal? (H) Do you feel confident with this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete the activity? (PS) Does someone help you? (SE) Where do you have your evening meal? (PE) Do you use any equipment to help you make you evening meal? (PE) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your evening meal routine? (H) |

EVENINGS

How do you typically spend your evenings?

| Activity | For each activity ask |
|---|--|
| Do you go out? Attend any clubs/day centers? Meet friends? Do you go out to work? Do you have responsibilities? | Do you feel confident doing this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete the activity? (PS) Do you have the full responsibility for doing the activity (R) Does someone help you? (SE) Where do you carry out this activity? Do you have any equipment to help you? (PE) Do you have a routine when doing this activity? (H) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your evening routine? |

NIGHT

| Activity | For each activity ask |
|---|--|
| Undressing/ self care Bed Transfers Do you have to get up to use the toilet overnight? Do you have responsibility for supporting a partner to get up during the night? | Do you feel confident doing this activity? (PC) Do you find this activity enjoyable/satisfying? (I) How important is this activity for you? (V) Can you physically do the activity? (MS) Do you have enough concentration to complete the activity? (PS) Do you have the full responsibility for doing the activity? (R) Does someone help you? (SE) Where do you carry out this activity? Do you have any equipment to help you? (PE) Do you have a routine when doing this activity? (H) Have you had difficult past experiences doing this activity? (PstE) Are you satisfied with your over-night routine? |

Goals

What things do you want to be able to do that you are currently unable to do?

What things are important for you to be able to get back to doing at home?

Do you ever set realistic plans for the future? Do you feel you have managed to achieve any of these plans?

Do you have any plans for the next week?

How do you feel you will manage to accomplish that?

Do you have any longer term plans for the foreseeable future?

What do you think you will do to achieve these goals?

We often set goals and sometimes looking back over past experiences helps us figure out how we will achieve future goals.

Interpretation of past experiences

Overall in your life do you feel you have had the typical ups and downs?

Do you feel your life has been better or worse than normal?

You said you have had a better/ worse/normal life; can you identify a good time in your life?

And a bad?

How did these ups and downs affect you?

Often how we have managed in the past helps us manage in the future, at the moment you have XXXX and that is why you are in hospital. This may mean things may be different for you when you are discharged from the hospital.

Readiness for change

You described XXX as a good / bad time that must have been a big event, how did you adjust to this change?

Our daily routines change overtime do you feel you cope with changes to your routines?

If someone gives you advice or feedback about your life, how does it make you feel, how do you react to this?

We have looked at many things within your life and all this information helps us together to plan your occupational therapy treatment. While you have been in the hospital you said you are worried/ concerned/ not managing XXX. Are these things you would like to look at while you are in the hospital to help you when you are discharged???