



Self Assessment – Participation & Skills

Participation Assessment

Mark “Yes” if the statement describes you and/or your family/support

Or Mark “No” if the statement does not describe you and/or your family/support

| Yes | No | Statement |
|-----|----|---|
| | | I am ready to participate fully in CFS Family Program – be on time for calls, participate in family discussions and follow through with the agreed activities |
| | | I realize the program is about starting where I am today and moving forward to achieve the desired goals |
| | | I am responsible for my choices and actions during the program |
| | | I understand the focus is to discover solutions and to be part of the solutions |
| | | I am prepared to learn and practice what I have learned |
| | | I am open to hearing new ideas to change what is not working now |
| | | I will be honest to express when I need or expect something from CFS |
| | | I am ready to be fully engaged in the program to “try on” new concepts or different ways of doing things |
| | | I recognize this is an investment to have family cohesiveness, to strengthen relationships and to implement self care |

Skills Assessment by Module

Most of the time: some tweaking would strengthen the skill to be more natural

Sometimes: need more consistency to be a habit

Never: taking action can make a difference

Communication

| Most of the time | Some times | Never | Statement |
|------------------|------------|-------|--|
| | | | I am honest with my feelings/ thoughts and I express them respectfully using “I” statements |
| | | | I get to say what I want and questions answered without causing conflict |
| | | | I will listen and respond so others feel heard and understood to prevent communication breakdown |



Boundaries

| Most of the time | Some times | Never | Statement |
|------------------|------------|-------|--|
| | | | I practice being in control of what I do, think and say |
| | | | I communicate clearly what my boundaries are and follow through with consequences if boundaries are violated |
| | | | I state clearly to others what my expectations are and what others can expect of me |

Self Care

| Most of the time | Some times | Never | Statement |
|------------------|------------|-------|--|
| | | | I do what works to be mentally, physically and spiritually well to prevent burn out |
| | | | I act on taking baby steps to fulfill my purpose or passion in life to not lose who I am |
| | | | I focus on balancing the experiences of mental illness in the family as part of my life versus dominating it |

Collaboration

| Most of the time | Some times | Never | Statement |
|------------------|------------|-------|---|
| | | | My family consistently implements the Family Rituals and/ or have Family Dinners to enjoy family gatherings |
| | | | My family have vision/mission statements to remind each family member the importance and value of the family unit |
| | | | My family has the ability to solve own problems together so family members do not feel resentful |

Family Plan

| Most of the time | Some times | Never | Statement |
|------------------|------------|-------|--|
| | | | My family has developed a family plan to manage the ups and downs of family stress/illness |
| | | | My family collaborates to solve problems so family members do not feel bogged down with challenges |
| | | | My family develop and practice the skills needed to be maintain effectiveness so careers, family and health are not affected |