

# preliminary questionnaire

Training in self-management support and taking charge of mental health through group interventions for anxiety, depression, and bipolarity.

<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Acquire a better understanding of the self-management support approach</li> <li>• Become familiar with the content of workshops developed by Relief</li> <li>• Identify key components of self-management support interventions (empowerment, taking charge, self-efficacy)</li> </ul>
<b>Cost:</b>	<b>\$397 per person (\$473.70 taxes, and postal charges included)</b> Cost includes training materials and one of the five facilitation guides with a value of \$120
<b>Terms:</b>	Relief reserves the right to cancel training sessions if the minimum number of participants is not met. If the session is cancelled, Relief will refund only the registration fees.

**Start date of training session:** \_\_\_\_\_

**Choice of facilitation guide**  
(1 copy only):

- Anxiety** self-management    
  **French**    
  **English**

**In French:**

- Bipolarity** self-management  
 **Depression** self-management  
 **Self-esteem** self-management  
 **Workplace** self-management

## 1. Person attending the training session

First and last name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Professional order (if applicable): \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address (work): \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
 Telephone (work): \_\_\_\_\_ Cell.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## 2. Billing information

Use information in section 1.

First and last name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Payment method:     Cheque (made out to Relief)     Visa or Mastercard (Relief will contact you for the card number)

Cardholder: \_\_\_\_\_

3. What do you hope to learn by participating in this training session?

4. Which of the following workshops are of interest to you?

- Anxiety self-management       Bipolarity self-management       Depression self-management  
 Self-esteem self-management       Anxiety and mood disorders in the workplace self-management

5. Do you plan to lead self-management workshops?

- Yes                                       No                                       Don't know

If yes, please complete the following section:

a) Workshop start dates:
b) Type of workshop(s):
c) City:
d) Name of person who will co-lead with you (if known):
e) Date co-leader will take this training:

6. Have you ever led a group intervention? If so, what type of intervention was it?

7. For how many years have you led each type of intervention?

a) Group intervention:

- No experience       Less than 1 year       1-3 years       3-5 years       More than 5 years

b) Mental health intervention:

- No experience       Less than 1 year       1-3 years       3-5 years       More than 5 years

8. **On a scale of 1 – 10**, what is your level of knowledge of each of the following problems? Please note that the training session will not deal specifically with any of these problems.

Anxiety:                       1       2       3       4       5       6       7       8       9       10

Bipolarity:                       1       2       3       4       5       6       7       8       9       10

Depression:                       1       2       3       4       5       6       7       8       9       10

9. How did you hear about self-management support training?

10. Is there any other information you would like to share with us?

Yes, I agree to receive e-mails about self-management support.