Carers Needs Assessment Measure (CaNAM)

Name: _____ Date of Birth: _____ Date: _____

This questionnaire is designed to assess the needs that you have as a carer of someone with an eating disorder. Please answer the questionnaire as honestly as you can. If we can find out more about the types of needs that carers have this will help us work to address them in the future.

1. Information about eating disorders

Please answer the following questions using the responses below:

0 = No I haven't received enough information and I would like to receive more.
1 = I don't require information about this area.
2 = Yes, I have received sufficient information.

Have you received enough information about the following areas?

a)	Eating disorders in general.	o0	o1	o2
b)	Local self-help groups.	o0	o1	o2
c)	Individual/family support groups.	o0	o1	o2
d)	Help lines.	o0	o1	o2
e)	Where to get help and/or advice.	o0	o1	o2
f)	Counselling/psychotherapy opportunities available to you.	o0	o1	o2
g)	Coping strategies.	o0	o1	o2
h)	'Success stories', i.e. people who have recovered from an eating disorder.	o0	o1	o2
i)	Different treatment options.	o0	o1	o2
j)	Current treatment plan.	o0	o1	o2
k)	Future treatment plan.	o0	o1	o2
l)	Prognosis of the person you are caring for.	o0	o1	o2
m)	How to meet others 'in the same boat'.	o0	o1	o2
n)	What to do/who to contact in the case of a relapse.	o0	o1	o2

Please give details of any other type(s) of information that you would like to receive.

_____

_____

_____

2. Support from other people/organisations

Please answer the following questions using the responses below:

0 = No, but I'd like to receive more support..
1 = I don't require support from this person/organisation.
2 = Yes, I have received enough support.

Have you received a sufficient amount of support from the following people/ associations?

a)	Partner/close friend	o0	o1	o2
b)	Immediate family	o0	o1	o2
c)	Extended family	o0	o1	o2
d)	Friends	o0	o1	o2
e)	Employer	o0	o1	o2
f)	Work colleagues	o0	o1	o2
g)	Health professionals	o0	o1	o2
h)	GP	o0	o1	o2
i)	Social worker	o0	o1	o2
j)	Self-help group	o0	o1	o2
k)	Other support group (e.g. individual/family)	o0	o1	o2
l)	Eating Disorders Association	o0	o1	o2

m)	Helpline	o0	o1	o2

Have you received valuable support from anyone else? oYes oNo

If yes, who else have you received support from?

_____

_____

_____

Please give details below of anyone else that you would like to receive support from other than the people/organisations mentioned above.

_____

_____

_____

3. Support for yourself

Please answer the following questions using the responses below:
0 = No, but I would like to have been able to.
1 = No, but I don't mind.
2 = Yes.

Have you been able to:

a)	Seek professional support for yourself?	o0	o1	o2
b)	Tell the person you are caring for that you need support?	o0	o1	o2
c)	Contact someone else in a similar situation, such that you can offer each other support ?	o0	o1	o2
d)	Meet any people who have recovered from an eating disorder?	o0	o1	o2
e)	Seek support with mealtimes (e.g. advice on how to approach mealtimes, how to bring the family back together at mealtimes etc.)?	o0	o1	o2

4. Areas where you might like help

Would you like help with any of the following:

a)	Planning meals with the person that you care for.	o Yes	o No	o N/A
b)	Dealing with mealtimes practically (e.g. portion size).	o Yes	o No	o N/A
c)	Dealing with mealtimes emotionally (e.g. how to cope with the feeling that eating causes in the person you care for).	o Yes	o No	o N/A
d)	Coping strategies for yourself.	o Yes	o No	o N/A
e)	What to do if you think the person you care for starts to get worse.	o Yes	o No	o N/A
f)	What to do if the person you care for refuses to eat.	o Yes	o No	o N/A
g)	What to do if the person you care for refuses to drink.	o Yes	o No	o N/A
h)	What to do if the person you care for vomits after eating.	o Yes	o No	o N/A
i)	What to do if the person you care for binges.	o Yes	o No	o N/A
j)	What to do if the person you care for deliberately hurts them self (e.g. by cutting or burning themselves).	o Yes	o No	o N/A
k)	What to do if the person you care for is socially isolated or withdrawn.	o Yes	o No	o N/A
l)	What to do if the person you care for over-exercises.	o Yes	o No	o N/A
m)	How to communicate better as a family.	o Yes	o No	o N/A
n)	How to divide your time between the person you care for and your other children.	o Yes	o No	o N/A
o)	Knowledge about the prognosis of the person you care for and her/his likely expectations.	o Yes	o No	o N/A

Are there any other aspects of caring for someone with an eating disorder that you would like help with?

_____

_____

_____

Thankyou for taking the time to complete this questionnaire.

Please use the space below (and on the reverse) to give any comments you have about this questionnaire, or any suggestions you may have regarding areas of need that are important to you but that have not been addressed by any of the questions.