



MARISTAN SCALE OF NEEDS

1. I need support with my everyday living skills (cooking, shopping, looking after the house).				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
2. I need support in order to look after my personal hygiene.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
3. I need support in order to take my medication.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
4. I need support when I go out				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
5. I need to improve the way I relate to people				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
6. I would like more leisure activities				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
7. I need help to manage my money				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
8. I cannot work as it will affect my welfare benefits.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
9. I need work in order to feel the same as other people.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
10. I need a job that suits my abilities and needs.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
11. I need effective employment laws to protect my rights.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement



12. I need help to find a job/ I need support to maintain my job.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
13. I need a job that fits in with my treatment.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
14. I need to believe in something to feel better.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
15. I need to feel more in charge of my life.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
16. Having to depend on others worries me.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
17. The illness has prevented me from fulfilling myself.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
17. I need my private space (bedroom, wardrobe, etc.)				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
19. I need respect for my moments of solitude.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
20. I need a guarantee of confidentiality regarding what I say about myself.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
21. I need to be accepted as I am regardless of my illness.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement
22. I need understanding, love and tenderness.				
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Strongly agree		Sometimes		Total disagreement



23. I need a loving relationship / I need close friendship.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
24. I need the professionals that take care of me to communicate with each other and to reach an agreement.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
25. I need clear information about the mental health services I have to attend to.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
26. I need to understand everything about how the illness affects me.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
27. I need to know why I am taking each medication.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
28. I need the right medication to control my symptoms.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
29. I need the professionals to pay attention to the side effects of medication.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
30. I need other treatment in addition to my medication (Ex.: psychological and social treatment).				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
31. I need a care plan tailored to my needs				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
32. I need professionals to dedicate as much time as I need.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
33. If another professional takes charge of my care I would like him/her to be well informed about my care.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement
34. I want my professionals to be in touch with each other if I go in hospital.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strongly agree		Sometimes		Total disagreement