Psychological Needs Survey

Name: 

Date: 

Person Completing the Survey: 

Category of Psychological Need

Attention:

Fill in the blanks:

1. When I have a problem this is who I talk to: __________________________

2. When I feel lonely this is who I would like to see:_______________________

3. This is who makes me feel better when I am down:_______________________

4. How true are these statements:

A. I feel lonely a lot of the time:

   Very True ________  A little True ________  Not True ________

B. I wish I had someone to talk to more:

   Very True ________  A little True ________  Not True ________

C. I wish that staff would talk to me more:

   Very True ________  A little True ________  Not True ________

D. I like to be left alone a lot:

   Very True ________  A little True ________  Not True ________

E. I wish I were alone more:

   Very True ________  A little True ________  Not True ________

F. I have a lot of friends:

   Very True ________  A little True ________  Not True ________
G. I wish I had more friends:

Very True ________  A little True_______  Not True__________

H. I wish that I could see my friends more:

Very True ________  A little True_______  Not True__________

**Escape/ Choice**

Fill in the blanks:

1. The thing I most want to change in my life right now is: ____________________

2. The thing I would most like a break from is: ____________________________

3. I wish I could tell someone about what I really want which is:________________
________________________________________________________________________

4. I would really like to have more choices about: ___________________________

5. I would like more breaks from: __________________________________________

6. Work would be more fun if: _____________________________________________

7. I would like my home better if: __________________________________________

8. The best way for me to get out of something that I don’t want to do is:
________________________________________________________________________

**Emotional Communication**

1. Name all the words you know that describe emotions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2. When someone has made you feel stupid or silly what is the feeling that you have?

________________________________________________________________________

3. When someone has hurt you or taken something away from you how do you feel?

________________________________________________________________________

4. When someone has something that you don’t have what do you feel when you see them with it?

________________________________________________________________________

5. When you really love someone and see them in danger of getting hurt how do you feel?

________________________________________________________________________

6. What feelings make you do things that you feel sorry about?

________________________________________________________________________

7. What do you do with your angry feelings?

________________________________________________________________________

8. When you are really upset what do you do?

________________________________________________________________________

9. Who do you talk to when you have to get your feelings out?

________________________________________________________________________

10. How often do you talk to that person?

________________________________________________________________________

11. Would you like to talk more to that person? Yes __________ No______________.

12. What feeling bothers you the most?

________________________________________________________________________
13. Tell me about a time when you handled a feeling of anger in a really good way?

________________________________________________________________________

________________________________________________________________________

14. What do you usually do when you feel sad?

________________________________________________________________________

________________________________________________________________________

**Stimulation**

1. If you think about your whole day name the times in the day that you are bored:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What do you really hate to do?

________________________________________________________________________

________________________________________________________________________

3. Name something that people around you like but that you find boring:

________________________________________________________________________

4. What is it that you do not get to do that you would really like to do?

________________________________________________________________________

________________________________________________________________________
5. What do you wish you got to do more of?

___________________________________________________

___________________________________________________

6. What do you like to watch on TV the most? _____________________________

7. Are you able to watch what you like on TV? ________________ Often or only
   sometimes? _____________________________

8. If you were a staff person what would you do more of in the house?

___________________________________________________

9. If you were a staff person what would you do more of at home?

___________________________________________________

10. What would you like your staff to let you do more?

___________________________________________________