questionnaire, will be tabulated and used by the forthcoming Kitsilano Community Board on Mental Health Services. This information will be useful for planning better services in the future.
No Please answer the following two questions by a tyes' or 'no?
l. Do you believe that mental health services in Kitsi- lane requires community involvement and control to ensure a ser- vice that meets the needs of the community?  Yes No
2. Do you, as a citizen of Kitsilano, want to be inwolved in the future planning anf functioning of Community Mental Health Services?
Yes No
B. Listed below are a number of possible mental health priori- ties for Kitsilano. Please check the three most important as you see them, and include others that may not be spelled out.
l. Short stay crisis hostel facility
2. Programs for the aged (social, employment, psychiatric treatment, etc.)
3. A mental health team to provide professional services for adults
4. Local information centre or agency for all Community services in the area of mental health
5. Social and recreational programs that could ing clude the shut-in, the lonely, or more seriously socially disabled
6. Suicide prevention and follow-up service
7. A mental health team to provide professional services for children and youth
8. A means by which individuals can readily volunteer time in local services
9. Centres which could provide local mental health services such as: group therapy, activity programs, homemaking training, (sewing, cooking, etc. ) and family or marital counselling
10. Home visits by professional and for volunteer help for mental disturbance
ll. Homemaking services (childcare, housekeeping, budget planning)
12. Planned residences for individuals with long term disabilities
13. Other: (Use back if necessary)
C. If you are interested in volunteering time to mental health ser vices in Kitsilaho please give your name and telephone number: