

ADULT SURVEY Spring 2014

ENGLISH With QOL



Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

EXAMPLE: Correct Incorrect

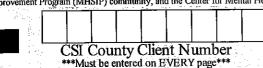
MHSIP Consumer Survey*:

Please answer the following questions based on the LAST 6 MONTHS OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

Applicable to indicate that this item does not apply to you.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	Agice		Ö	Ŏ	0	0
2. If I had other choices, I would still get services from this agency.	0	0	0	0	0	0
3. I would recommend this agency to a friend or family member.	0	O	0	0	0	0
4. The location of services was convenient (parking, public transportation, distance, etc.).	0	0	0	0	0	0
Staff were willing to see me as often as I felt it was necessary.	0	0	o ·	0	0	0
6. Staff returned my calls within 24 hours.	0	0	0	0	0	0
7. Services were available at times that were good for me.	0	0	O	0	O	0
8. I was able to get all the services I thought I needed.	0	0	0	0	0	0
9. I was able to see a psychiatrist when I wanted to.	0	0	0	0	0	0
10. Staff here believe that I can grow, change and recover.	0	Ö	0	0	0	Ö
11. I felt comfortable asking questions about my treatment and medication.	0	0,	0	0	0	0
12. I felt free to complain.	0	0	0	0	0	0
13. I was given information about my rights.	0	0	0	0	0	0
14. Staff encouraged me to take responsibility for how I live my life.	0	0	0	0	0	0
15. Staff told me what side effects to watch out for.	0	0	0	O 14. 3	0	<u>o</u>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	0	0	0	0	0	0
17. I, not staff, decided my treatment goals.	0	0	0	0	0	Q
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	0	0	0	0	0	0
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	0	0	0	0	0	O
20. I was encouraged to use consumer-run programs	0	0	0	0	0	0
(support groups, drop-in centers, crisis phone line, etc.)	Strongly	Agree	I am	Disagree	Strongly Disagree	
As a direct result of the services I received:	Agree	Ö .	Neutral		O	Applicable
21. I deal more effectively with daily problems.22. I am better able to control my life.	0	0	0	0	0	0
22. 1 am octor and to control my me.	the Mantel Health				D ON NE	

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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DHCS 1742 EN (05/13)







As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Applicable
23. I am better able to deal with crisis.	0	0	0	0	0	0
24. I am getting along better with my family.	0		Ó	0	O	0
25. I do better in social situations.	0	0	0	0	0	0
26. I do better in school and / or work.		O	Ö	Õ	O.	Ŏ
27. My housing situation has improved.	0	0	0	0	0	0
28. My symptoms are not bothering me as much.	0		0	0	0	0
29. I do things that are more meaningful to me.	0	0	0	0	0	0
30. I am better able to take care of my needs.	0	0	0	0	O	0
31. I am better able to handle things when they go wrong.	0	0	0	0	0	0
32. I am better able to do things that I want to do.	0	0	O	0	0	0
For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	
As a direct result of the services I received: 33. I am happy with the friendships I have.	0	_ <u></u>	0	0	, <u></u>	0
34. I have people with whom I can do enjoyable things.	0	0	Ö		Ö	
35. I feel I belong in my community.	0	0	0	0	0	0
			mentical and the			
36. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	O****
Quality of				sarianca or k	now vou fee	1 Diegee fill in
Please answer each of the following questions by filling in the only one circle for each question. For some questions, you means the Satisfaction	circle that	Not Applie	pes your exp cable if the Mostly	question do	es not apply	l. Please fill in y to you.
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Page 2 of 5

CSI County Client Number
Must be entered on EVERY page



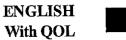
Family 4. In general, how often do you get together with O at least once a day O at least or	ice a month	your fami	O not		not applie	able		
	once a month Terrible	Unhappy	Mostly	Mixed	Mostly	Pleased	Delighted	Not
5. How do you feel about:	<u> </u>		Dissatisfied	O	Satisfied O	0	O	Applicable
A. The way you and your family act toward each		0		san Ing	5 LT	- 4 May 12 M		
B. The way things are in general between you and family?	d your O	0	0	0	0	0	0	0
Social Relations								
6. About how often do you do the following?		i e e	·					4.0
C 44 104 01 01 10 10 10 10 10 10 10 10 10 10 10	h you? ○ at least onc ○ less than o	The second second			ot at all ot applica	able		
B. Spend time with someone you consider m				oyfriend	or a girlfi	riend?		
	O at least one O less than o				ot at all ot applic	able	<u> </u>	
G II	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
7. How do you feel about: A. The things you do with other people?		0	O	. 0	O	0	0	0
B. The amount of time you spend with other p	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0	0	0	0	0	0
C. The people you see socially?	О		0			0	0	0
D. The amount of friendship in your life?	0	0	0			0	0	
			·					
Finances 8. During the past month, did you generally have a following items?	enough mone	y to cover	the No	Yes				
A. Food? B. Clothing?			0	0		jadi († 1905.) 1		
C. Housing?			Ö	Ō			7+354	
D. Traveling around for things like shoppin visiting friends and relatives?	g, medical app	oointment	J	0				.,
E. Social activities like movies or eating in re	estaurants?		Ö	0				
Legal & Safety	· · · ·							
9. In the past MONTH, were you a victim of:			No	Yes				
A. Any violent crimes such as assault, rape, m	nugging or rob	bery?	0	Ô		j		
B. Any nonviolent crimes such as burglary, the or money, or being cheated?	neft of your p	operty	0	0	State of the state			* * *
10. In the past MONTH, how many times have ye	ou been arrest	ed for an	y crimes?					
O No arrests O 1 arrest O 2 arrests			0 4 or more	arrests				
11. How do you feel about:		rerrible		Mostly satisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your no	eighborhood?		0 (0	0	0	. 0	0.00
B. How safe you are where you live?		0	0	0	0	0	0	0
C. The protection you have against being rol or attacked?	obed	0	0	0	0	0	0	1 O 1440
				C	ONTIN	UED O	N NEX	Τ PAGE











					W	ith QOL	, =
<u>Iealth</u> 2. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Deligl
A. Your health in general?	0	0	0	0	0	0	0
B. Your physical condition?	0	0	0	0	0	0	0
C. Your emotional well-being?	0	0	0	0	0	0	0
Please answer the following questions	s to let	us kno	ow how	you a	are doir	ıg.	

Please answer the following	questions t	o let us	know	how you	are doing.
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Ple	ase answer the following questions to let us know how you are doing.
	Approximately, how long have you received services here? O This is my first visit here. O I have had more than one visit but I have received services for less than one month. O More than 1 year O 3 - 5 Months O 6 months to 1 year
Pleas recei	e answer Questions #2 -4, below, if you have been receiving services for <u>ONE YEAR OR LESS</u> . If you have been ving services for "MORE THAN ONE YEAR," please SKIP to Questions #5,
2	Were you arrested since you began to receive mental health services? O Yes ONO Were you arrested during the 12 months prior to that? O Yes ONO
4	Since you began to receive mental health services, have your encounters with the police Obeen reduced (for example, I have not been arrested thas led by police, taken by police to a shelter or crisis program). O'stayed the same
	Office as ed a confice of the confic
Plea	se answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."
5	. Were you arrested during the last 12 months? O Yes O No
	6. Were you arrested during the 12 months prior to that? • O Yes • O No
	Over the last year, have your encounters with the police O been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same O increased O not applicable (I had no police encounters this year or last year)
Ple	ease answer the following questions to let us know a little about you.
	8. What is your gender? O Female O Male O Other
100	9. Are you of Mexican / Hispanic / Latino origin? OYes ONo OUnknown
	O. What is your race? (Please mark all that apply.) O American Indian / Alaskan Native O Native Hawaiian / Other Pacific Islander O Unknown O Asian O White / Caucasian O Black / African American O Other
<u></u>	CONTINUED ON NEXT PAGE

CSI County Client Number
Must be entered on EVERY page



	With QOD					
11. What is your date of birth? (Write it in the boxes AN	D fill in the circles that correspond. See Example.)					
Date of Birth (mm-dd-yyyy)	EXAMPLE: Date of birth on April 30, 1967:					
	Date of Birth (mm-dd-yyyy) 1. Write in your 04 - 30 - 1967					
	date of birth					
1 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0						
3 00 00 0000	2 Fill in the 3 00 0000					
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	corresponding \ \ \ \frac{4}{5} \circ \cir					
6 00 00 00 00 0	circles 6 00 00 00 00 00 00 00 00 00 00 00 00 0					
7 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0 0 0 0 0	8 00 00 00					
9 0 0 0 0 0 0 0						
12. Were the services you received provided in the lang						
13. Was written information (e.g., brochures describing	g available services, your rights as a consumer, and mental language you prefer? O Yes O No					
health education materials) available to you in the						
14. What was the primary reason you became involved	with this program? (Mark one):					
O I decided to come in on my own.						
O Someone else recommended that I come in. O I came in against my will.						
15. Please identify who helped you complete any part of	of this survey (Mark all that apply):					
O I did not need any help.	O A professional interviewer helped me.					
O A mental health advocate / volunteer helped me.	My clinician / case manager helped me.					
	O A staff member other than my clinician or case manager helped me.					
	O Someone else helped me. Who?:					
16. Please provide comments here and /or on the back	of this form, if needed. We are interested in both positive and					
negative feedback. Also, if there are areas which w	ere not covered by this questionnaire which you feel should have time and cooperation in completing this questionnaire.					
been, please write them here. I hank you for your t	unie and cooperation in completing this questionnaire.					
	·					
<u></u>						
Thank you for taking the t	ime to answer these questions!					
FOR OFFICE	CE USE ON LY:					
REQUIRED Information:	Optional County Questions:					
County Code:	County Question #1 (mark only ONE bubble):					
Date of Survey Administration:	$\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$ $\bigcirc 11 \bigcirc 12 \bigcirc 13 \bigcirc 14 \bigcirc 15 \bigcirc 16 \bigcirc 17 \bigcirc 18 \bigcirc 19 \bigcirc 20$					
	County Question #2 (mark only ONE bubble):					
	$\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$					
Reason (if applicable):	011 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20					
O Ref O Imp O Lan O Oth	County Question #3 (mark only ONE bubble):					
Make sure the same CSI County Client Number is written on all pages of this survey.	○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20					
	County Reporting Unit:					
CSI County Client Number ***Must be entered on EVERY page*** P	age 5 of 5					
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