



**As a direct result of the services I received:**

|   | Strongly Agree        | Agree                 | I am Neutral          | Disagree              | Strongly Disagree     | Not Applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 23. I am better able to deal with crisis.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I am getting along better with my family.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I do better in social situations.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I do better in school and /or work.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. My housing situation has improved.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. My symptoms are not bothering me as much.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. I do things that are more meaningful to me.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I am better able to take care of my needs.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I am better able to handle things when they go wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I am better able to do things that I want to do.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).*

**As a direct result of the services I received:**

|  | Strongly Agree        | Agree                 | I am Neutral          | Disagree              | Strongly Disagree     | Not Applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 33. I am happy with the friendships I have.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I have people with whom I can do enjoyable things.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I feel I belong in my community.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. In a crisis, I would have the support I need from family or friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Quality of Life Questions:**

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

**General Life Satisfaction**

|  | Terrible              | Unhappy               | Mostly Dissatisfied   | Mixed                 | Mostly Satisfied      | Pleased               | Delighted             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How do you feel about your life in general? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Living Situation**

|   | Terrible              | Unhappy               | Mostly Dissatisfied   | Mixed                 | Mostly Satisfied      | Pleased               | Delighted             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. Think about your current living situation.<br>How do you feel about:           |                       |                       |                       |                       |                       |                       |                       |
| A. The living arrangements where you live?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. The privacy you have there?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The prospect of staying on where you currently live for a long period of time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Daily Activities & Functioning**

|   | Terrible              | Unhappy               | Mostly Dissatisfied   | Mixed                 | Mostly Satisfied      | Pleased               | Delighted             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. Think about how you spend your spare time.<br>How do you feel about: |                       |                       |                       |                       |                       |                       |                       |
| A. The way you spend your spare time?                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. The chance you have to enjoy pleasant or beautiful things?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The amount of fun you have?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. The amount of relaxation in your life?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**Health**

12. How do you feel about:

|                               | Terrible              | Unhappy               | Mostly Dissatisfied   | Mixed                 | Mostly Satisfied      | Pleased               | Delighted             |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Your health in general?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Your physical condition?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Your emotional well-being? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Please answer the following questions to let us know how you are doing.**

1. **Approximately, how long have you received services here?**

- This is my first visit here.       1 - 2 Months       More than 1 year  
 I have had more than one visit but I have received services for less than one month.       3 - 5 Months       6 months to 1 year

Please answer Questions #2 - 4, below, if you have been receiving services for **ONE YEAR OR LESS**. If you have been receiving services for "**MORE THAN ONE YEAR**," please **SKIP** to Questions #5.

2. **Were you arrested since you began to receive mental health services?**     Yes     No  
 3. **Were you arrested during the 12 months prior to that?**     Yes     No  
 4. **Since you began to receive mental health services, have your encounters with the police . . .**  
 been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)  
 stayed the same  
 increased  
 not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below** ↓

Please 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?**     Yes     No  
 6. **Were you arrested during the 12 months prior to that?**     Yes     No  
 7. **Over the last year, have your encounters with the police . . .**  
 been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)  
 stayed the same  
 increased  
 not applicable (I had no police encounters this year or last year)

**Please answer the following questions to let us know a little about you.**

8. **What is your gender?**     Female     Male     Other  
 9. **Are you of Mexican / Hispanic / Latino origin?**     Yes     No     Unknown  
 10. **What is your race? (Please mark all that apply.)**  
 American Indian / Alaskan Native     Native Hawaiian / Other Pacific Islander     Unknown  
 Asian     White / Caucasian  
 Black / African American     Other

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11. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

□□ - □□ - □□□□

|   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

EXAMPLE: Date of birth on April 30, 1967:

1. Write in your date of birth → **04 - 30 - 1967**

2. Fill in the corresponding circles

|   |                                  |                            |                       |                       |                       |                       |                                  |                       |                                  |
|---|----------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|----------------------------------|
|   |                                  | Date of Birth (mm-dd-yyyy) |                       |                       |                       |                       |                                  |                       |                                  |
|   |                                  | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 0 | <input checked="" type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 1 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| 2 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 3 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 4 | <input checked="" type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 5 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 6 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 7 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |
| 8 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 9 | <input type="radio"/>            | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |

12. Were the services you received provided in the language you prefer?  Yes  No
13. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?  Yes  No
14. What was the primary reason you became involved with this program? (Mark one):
- I decided to come in on my own.
  - Someone else recommended that I come in.
  - I came in against my will.
15. Please identify who helped you complete any part of this survey (Mark all that apply):
- I did not need any help.
  - A professional interviewer helped me.
  - A mental health advocate / volunteer helped me.
  - My clinician / case manager helped me.
  - Another mental health consumer helped me.
  - A staff member other than my clinician or case manager helped me.
  - A member of my family helped me.
  - 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 were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:

Date of Survey Administration:

-   -

**Reason (if applicable):**

Ref  Imp  Lan  Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

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**Optional County Questions:**

County Question #1 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10  
 11  12  13  14  15  16  17  18  19  20

County Question #2 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10  
 11  12  13  14  15  16  17  18  19  20

County Question #3 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10  
 11  12  13  14  15  16  17  18  19  20

**County Reporting Unit:**

