Survey Dates:	
Spring 2012	

# Mental Health



## **ADULT SURVEY**

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.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	0	0	0	0	0	0
2. If I had other choices, I would still get services from this agency.	0	0	0	0	0	0
<ol> <li>I would recommend this agency to a friend or family member.</li> </ol>	0	0	0	0	0	0
4. The location of services was convenient (parking, public transportation, distance, etc.).	0	0	0	0	0	0
5. Staff were willing to see me as often as I felt it was necessary.	0	0	0	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	0	0	0	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	0	0	0	0	0
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	0	0	0
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	0
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	0
20. I was encouraged to use consumer-run programs	0	0	0	0	0	0
(support groups, drop-in centers, crisis phone line, etc.). As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	Ö	0	0	0	0	0
22. I am better able to control my life.	0	0	0	0	0	0

Improvement Program (MHSIP) community, and the Center for Mental Health Services.



Survey Dates: Spring 2012					GLISH Survey	
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.	0	0	0	0	0	0
24. I am getting along better with my family.	0	0	0	0	0	0
25. I do better in social situations.	0	0	0	0	0	0
26. I do better in school and /or work.	0	0	0	0	0	0
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	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	0	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	0	0	0	0
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.	0	0	0	0	0	0
34. I have people with whom I can do enjoyable things.	0	0	0	0	0	Ο
35. I feel I belong in my community.	0	0	0	0	0	0
36. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0

### **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?	0	0	0	0	0	0	0
Living Situation							
<ol> <li>Think about your current living situation.</li> <li>How do you feel about:</li> </ol>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	0	0	0	0	0	0	0
B. The privacy you have there?	0	0	0	0	0	0	0
C. The prospect of staying on where you currently live for a long period of time?	0	0	0	0	0	0	0
Daily Activities & Functioning							
3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	0	0	0	0	0	0	0
B. The chance you have to enjoy pleasant or beautiful things?	0	0	0	0	0	0	0
C. The amount of fun you have?	0	0	0	0	0	0	0
D. The amount of relaxation in your life?	0	0	0	0	0	0	0

#### CONTINUED ON NEXT PAGE...







Family
I alliny

4. In g	4. In general, how often do you get together with a member of your family?									
	at least once a day at least once a week	O at least once O less than once			O not O no t		not applic	able		
5. How	v do you feel about:		Terrible	Unhappy	Mostly Dissatisfied	1 Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. Th	ne way you and your family a	ct toward each ot	her? O	0	0	0	0	0	0	0
	e way things are in general b mily?	etween you and y	our O	0	0	0	0	0	0	0
<u>Socia</u>	1 Relations									
6. Abou	it how often do you do the f									
А.	Visit with someone who do O at least once a day O at least once a week	O a	ou? at least onc ess than or				ot at all ot applica	ble		
В.	Spend time with someone y O at least once a day O at least once a week	0 2	e than a frid at least onc less than of	e a month	1 I	O n	or a girlfr ot at all ot applica			
7 11	1 ( 1 1 )		Terrible	Unhappy	Mostly	Mixed	Mostly	Pleased	Delighted	Not
	do you feel about: 'he things you do with other	neonle?	0	0	Dissatisfied	0	Satisfied	0	0	Applicable
	The amount of time you spen									
	The people you see socially?	a with other peop		0	0	0	0	0	0	0
	The amount of friendship in v	our life?	0	0	0	0	0	0	0	0
Financ		our me.	0	0	0	0	0	0	0	
8. Durin	<u>es</u> ng the past month, did you g owing items?	enerally have enou	ugh money	to cover	the No	Yes				
	Food?				0	0				
	Clothing?				0	0				
	Housing?	1.1 1 .	1. 1		0	0				
	Traveling around for thing visiting friends and relative	s?		ointments	U	0				
E.	Social activities like movies	or eating in restar	urants?		0	0				
Legal 8	<u>k Safety</u>									
9. In the	e past MONTH, were you a	victim of:			No	Yes				
А	Any violent crimes such as a	ssault, rape, mugg	ing or robl	bery?	0	0				
	Any nonviolent crimes such or money, or being cheated?	0 .	of your pro	operty	0	0				
10. In th	ne past MONTH, how many	times have you b	een arreste	ed for any	crimes?					
0	No arrests O 1 arrest	O 2 arrests	O 3 arres	ts O	4 or more a	rrests				
11. Hov	v do you feel about:		Т	errible U	maddy	ostly atisfied		Mostly Satisfied	Pleased	Delighted
А.	How safe you are on the stre	ets in your neight	oorhood?	0	0 0	)	0	0	0	0
	How safe you are where you			0	0 C	)	0	0	0	0
	The protection you have aga or attacked?	inst being robbed		0	0 0	)	0	0	0	0
	CSI County Client 1	Number	n	<b>-</b>		CO	NTINU	ED ON	NEXT 8215	PAGE

CSI County Client Number \*\*\*Must be entered on EVERY page\*\*\*

Survey Dates: Spring 2012	1					ENGLI Adult Sur		]
Health	-					Auun Sui	vey	
12. How do you feel about:		Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
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 follo	wing questio	ns to let	us kno	w how	you a	re doin	g.	
<ul> <li><b>1. Approximately, how long I</b></li> <li>O This is my first visit here.</li> <li>O I have had more than one received services for less the received</li></ul>	nave you received so visit but I have		ths ths		than 1 ye			
Please answer Questions #2 - 4, 7 receiving services for "MORE T	· •		0		YEAR (	<u>DR LESS</u> .	If you ha	ve been
2. Were you arrested since yo	ou began to receive	mental healt	h services	• <b>?</b> O Ye	es ON	0		
3. Were you arrested during	U			) No				
<b>4. Since you began to receive</b> O been reduced (for examp	e mental health serv	rices, have yo			-		crisis pro	gram)
O stayed the same		,		· · ·	L		1 0	
O increased								
O not applicable (I had no p	olice encounters this	year or last ye	ear)	S	KIP to	Questio	on #8, ł	elow
Please answer Questions #5 - 7 c	only if you have beer	n receiving n	nental hea	lth servic	es for " <u>N</u>	IORE TH	AN ONE	E YEAR.
5. Were you arrested during		_	O No		_			
<ul><li>6. Were you arrested during</li></ul>		-	-	) No				
. 0	•			110				
7. Over the last year, have yo O been reduced (for examp		-		taken by	police to	a shelter or	crisis pro	rram)
O stayed the same	ie, i nave not been ai	Tested, Hassie	a by ponee	, taken by		a silenter or	clisis prog	514111)
O increased								
O not applicable (I had no p	olice encounters this	vear or last ve	ear)					
			-	1	. 1			
Please answer the follo	<b>J 1</b>			w a litt	le abo	ut you.		
8. What is your gender?	○ Female ○ Ma	ale O Othe	er					
9. Are you of Mexican / H	ispanic / Latino o	origin? (	Yes C	No O	Unknow	'n		
10. What is your race? (Plea	se mark all that ap	pply.)						
O American Indian / Alask	an Native O Nat	ive Hawaiian	/ Other Pa	acific Islan	der (	O Unknown	n	
O Asian	O What	ite / Caucasia	n					
O Black / African American	n O Oth	ner						
				C	ONTI	NUED OI		
CSI County Client N ***Must be entered on EVEI		Page 4	of 5				821	

Cumumu Dataas	
Survey Dates:	
Spring 2012	

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)	EXAMPLE: Date of birth on April 30, 1967:
	Date of Birth (mm-dd-yyyy)
	1. Write in your date of birth 04 - 30 - 1967
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\sim 0 \odot 0 \odot 0 \odot 0000$
2 2 2 2 2 2 2 2 2 2	
3       3       3       3       3       3       3         4       4       4       4       4       4       4       4	2. Fill in the $3 \circ 0 \circ 0 \circ 0 \circ 0$
5 5 5 5 5 5 5 5 5	
6 00 00 000 7 00 00 000	Circles         6         0 </th
8 8 8 8 8 8 8 8 8	$\left(\begin{array}{cccccccccccccccccccccccccccccccccccc$
9 ⊙ ⊙ ⊙ ⊙ ⊙ ⊙ ⊙ ⊙ ⊙ 12. Were the services you received provided in the lan	-
12 Was written information (a.g. husshurse describing	a available conviges, your rights as a consumer, and montal
health education materials) available to you in the	ng available services, your rights as a consumer, and mental e language you prefer? O Yes O No
14. What was the primary reason you became involve	
O I decided to come in on my own.	u with this program. (Mark one).
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 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.	O My clinician / case manager helped me.
O Another mental health consumer helped me.	O A staff member other than my clinician or case manager helped me.
O A member of my family helped me.	O Someone else helped me. Who?:
	k of this form, if needed. We are interested in both positive and
	vere 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 OFFI	<u>CE USE ONLY:</u>
REQUIRED Information:	<b>Optional County Questions:</b>
County Code:	County Question #1 (mark only ONE bubble):
	$\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$
Date of Survey Administration:	O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
0 5 - 2 0 1 2	County Question #2 (mark only ONE bubble):
Reason (if applicable):	$\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$
$\bigcirc$ Ref $\bigcirc$ Imp $\bigcirc$ Lan $\bigcirc$ Oth	O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
	County Question #3 (mark only ONE bubble):
Make sure the same CSI County Client Number	$\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$
is written on all pages of this survey.	O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
	County Reporting Unit: 8215
CSI County Client Number ***Must be entered on EVERY page*** Pa	