Print PDF as needed. Do not photocopy!

MHSIP Consumer Survey - ADULT+QOL Spring 2024

English

•	Please help our agency make services better by	answering some questions.	Your answers are co	onfidential and will not	influence current or
	future services you will receive. For each surve	y item below, please fill in	the circle that corres	sponds to your choice.	

• 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, select "Not Applicable" to indicate that this item does not apply to you

item does not apply to you.	Strongly		I am	D.	Strongly	Not
• Please fill in the circle completely. Correct \bullet Incorrect $\odot \otimes ext{ } e$	Agree	Agree	Neutral	Disagree	Disagree	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
3. I would recommend this agency to a friend or family member.	0	0	0	0	0	0
4. The location of services was convenient.	0	0	0	0	0	0
parking, public transportation, distance, etc.						
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	Ō
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	0000
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 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	0	0	0	0	0	0
information about my treatment.						
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0
18. Staff were sensitive to my cultural background.	0	0	0	0	0	0
race, religion, language, etc.	_	_	_		_	_
19. Staff helped me obtain the information I needed so that I could take	0	0	0	0	0	0
charge of managing my illness.						
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:						
21. I deal more effectively with daily problems.	0	0	0	0	0	0
22. I am better able to control my life.	0	0	0	0	0	0
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 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	Ō
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.	Õ	õ	Õ	õ	Õ	Õ
31. I am better able to handle things when they go wrong.	Ō	Ō	Ō	Õ	Õ	Õ
32. I am better able to do things that I want to do.	Ō	Ō	0	Ō	Ō	Ō
U						,

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:						
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	0
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

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.
* CSI County Client Number
19889





Must be entered on EVERY page

1 / 4

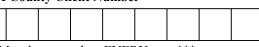
Quality of Life Questions

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	Terribl	e Unhap	ppy Mo Dissa	stly tisfied	Mixed	Mostly Satisfie	Pleaser	d Delighted				
1. How do you think about your life in general?		0	0	С	0 0		0	0	0			
Living Situation	Terribl	e Unhap	py Mo Dissa	stly tisfied	Mixed	Mostly Satisfie		d Delighted				
 Think about your current living situation. 2. HOW DO YOU FEEL ABOUT: a. the living arrangements where you live? b. the privacy you have there? c. the prospect of staying on where you currently live for long period of time? 	0000	000	C	000		0000	000	0 0 0				
Daily Activities & Functioning		Terrible	e Unhap	py Mos Dissat		Mixed	Mostly Satisfied	Pleased	Delighted			
Think about how you spend your spare time.				Dissu	istica		Batisfie					
3. HOW DO YOU FEEL ABOUT:a. the way you spend your spare time?b. the chance you have to enjoy pleasant or beautiful thc. the amount of fun you have?d. the amount of relaxation in your life?	0 0 0 0	0 0 0 0		0000		0 0 0 0	000000	0000				
Family												
4. In general, how often do you get together with your and the set once a dayO At least once a week	•	east once	a month	ΟIe	e tha	in once a	month	O Not a	t all			
O No family / Not Applicable			Mostly			Mostly			Not			
5. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Dissatisfie			Satisfied	Pleased	Delighted	Applicable			
a. the way you and your family act toward each other?	0	0	0	0		0	0	0	0			
b. the way things are in general between you and your family?	0	0	0	0		0	0	0	0			
Social Relations 6. ABOUT HOW OFTEN DO YOU DO THE FOLLOWING? a. Visit with someone who does not live with you? O At least once a day O At least once a week O At least once a day O At least once a month O Not Applicable O Not at all												
 b. Spend time with someone you consider more than a O At least once a day O At least once a week O Not Applicable 			spouse, a boyfriend or a girlfriend? ast once a month O Less than once a month O									
 HOW DO YOU FEEL ABOUT: 	Terrible	Unhappy	Mostly Dissatisfied	Mixed		Mostly Satisfied	Pleased	Delighted	Not Applicable			
a. the things you do with other people?	0	0	0	0		0	0	0	0			
b. the amount of time you spend with other people?	0	0	0	0		0	0	0	0			
c. the people you see socially?	0	0	0	0		0	0	0	0			
d. the amount of friendship in your life?	0	0	0	0		0	0	0	0			
Finances												
 8. During the past month, did you generally have eno a. Food? O Yes O No b. Clothing? O Yes O No c. Housing? O Yes O No 	ugh money	to cover t	he followi	ng items?	,	O Vos						

- Travel around for things like shopping, medical appointments, or visiting friends and relatives? O No d. O Yes O Yes O No
- Social activities like movies or eating in restaurants? e.

* CSI County Client Number





Must be entered on EVERY page



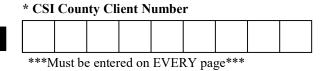
Legal & Safety									
9. In the past MONTH, were you a victim of:a. any violent crimes, such as assault, rape, muggng or robbery?b. any nonviolent crime, such as burglary, theft of your property or	•	O No O No							
10. In the past MONTH, how many times have you been arrested for any crimes?	The second secon								
11. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted		
a. how safe you are on the streets in your neighborhood?	0	0	0	0	0	0	0		
b. how safe you are where you live?	0	0	0	0	0	0	0		
c. how the protection you have against being robbed or attacked?	0	0	0	0	0	0	0		
Health	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted		
12. HOW DO YOU FEEL ABOUT:a. your health in general?b. your physical condition?c. your emotional well-being?	000	0000	0000	0000	000	000	000		

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

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

services for less than one month O More than 1 year		ths to 1 year
---	--	---------------

	Please answer questions #2-4 if you have been mental health services for ONE YEAR OR LESS	n receiving	5	Please answer questions #5-7 if you have been receiving mental health services for MORE THAN ONE YEAR										
2.	Were you arrested since you began to receive mental health services?	O Yes	O No	5.	. Were you arrested during the last 12 months? O Yes O No									
3.	Were you arrested during the 12 months prior to that?	O Yes	O No	6	. Were you arrested during the 12 months prior to O Yes O No that?									
4.	Since you began to receive mental health servic encounters with the police	es, have y	your	7. Over the last year, have your encounters with the police										
	• Been reduced For example, I have not been arrested, hass taken by police to a shelter or crisis program	• •	O 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>I had no police encounters this year or last</i> y 				 O Stayed the same O Increased O Not applicable <i>I had no police encounters this year or last year</i> 									





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

8.	What is your gender? Please select all that apply	O Male O Female O Non-Binary	 O Transgender: Female to Male O Transgender: Male to Female O Another Gender Identity
9.	Do you think of yourself as: <i>Please select all that apply</i>	 O Straight/Heterosexual O Gay or Lesbian O Bisexual 	 O Another sexual orientation O Unknown O Prefer not to answer
10.	Are you of Mexican / Hispanic / La	atino origin? O Yes O No O Unkn	own
11.	What is your race? <i>Please select all that apply</i>	 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Islander 	 O White / Caucasian O Another Race O Unknown
12.	What is your date of birth?	month day	year
13.		e services you received provided in the language you vices, your rights as a consumer, and mental health	
	Now thinking about the services yo by telephone or video-conferencing O None O Very little O Abo		
	How helpful were your telehealth v O Much worse O Somewhat wo	risits compared to traditional in-person visits? orse O About the same O Somewhat better	O Much better O Not applicable
	I would prefer to receive more of n O Strongly Disagree O Disagree	ny mental health treatment at this program by telehe e O I am Neutral O Agree O Strongly Agr	

17. 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.

		Thai	nk y	ou f	or ta	kinş	g the	tim	e to	ansv	ver t	hese	que	stior	ns!				
Country Colday	Data	. f C				FC	OR OF	FICE	USE	ONLY	Y	Com	4 D		~ II	4 (an a D	_	
County Code:	Date	<u>01 Su</u>	rvey A		listrat	ion:			-			Coun	ty Kej	ortin	<u>g uni</u>	t (opti	ionai)		
	0	5	/			/	2	0	2	4									
Code for not con	npletin	g the	surve	y (if a	pplica	ble):													
O Refused O	Impaire	ed C) Lan	guage	0	Other													
Make sure the s	ame CS	I Cou	nty C	lient	Numb	er is v	writter	1 on al	ll page	es of t	his sur	vey.							
* CSI Cou	nty Cli	ent N	umbe	r								-					19	889	
Must ł	e enter	ed on	EVER	Y pag	ge							4	/ 4						