



- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds 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.
- Please fill in the circle completely. Correct ● Incorrect ○ ⊗ ✓

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

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"/>

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

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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

1. How do you think about your life in general?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Living Situation

Think about your current living situation.

2. HOW DO YOU FEEL ABOUT:

- the living arrangements where you live?
- the privacy you have there?
- the prospect of staying on where you currently live for a long period of time?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Daily Activities & Functioning

Think about how you spend your spare time.

3. HOW DO YOU FEEL ABOUT:

- the way you spend your spare time?
- the chance you have to enjoy pleasant or beautiful things?
- the amount of fun you have?
- the amount of relaxation in your life?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<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"/>	<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"/>	<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"/>	<input type="radio"/>

Family

4. In general, how often do you get together with your family?

- ☐ At least once a day
 ☐ At least once a week
 ☐ At least once a month
 ☐ Less than once a month
 ☐ Not at all
☐ No family / Not Applicable

5. HOW DO YOU FEEL ABOUT:

- the way you and your family act toward each other?
- the way things are in general between you and your family?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Relations

6. ABOUT HOW OFTEN DO YOU DO THE FOLLOWING?

a. Visit with someone who does not live with you?

- ☐ At least once a day
 ☐ At least once a week
 ☐ At least once a month
 ☐ Less than once a month
 ☐ Not at all
☐ Not Applicable

b. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

- ☐ At least once a day
 ☐ At least once a week
 ☐ At least once a month
 ☐ Less than once a month
 ☐ Not at all
☐ Not Applicable

7. HOW DO YOU FEEL ABOUT:

- the things you do with other people?
- the amount of time you spend with other people?
- the people you see socially?
- the amount of friendship in your life?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finances

8. During the past month, did you generally have enough money to cover the following items?

- Food? ☐ Yes ☐ No
- Clothing? ☐ Yes ☐ No
- Housing? ☐ Yes ☐ No
- Travel around for things like shopping, medical appointments, or visiting friends and relatives? ☐ Yes ☐ No
- Social activities like movies or eating in restaurants? ☐ Yes ☐ No

* CSI County Client Number

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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, mugging or robbery?

☐ Yes ☐ No

b. any nonviolent crime, such as burglary, theft of your property or money, or being cheated?

☐ Yes ☐ No

10. In the past MONTH, how many times have you been arrested for any crimes?

☐ No arrests

☐ 1 arrest

☐ 2 arrests

☐ 3 arrests

☐ 4 or more arrests

11. HOW DO YOU FEEL ABOUT:

a. how safe you are on the streets in your neighborhood?

b. how safe you are where you live?

c. how the protection you have against being robbed or attacked?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health

12. HOW DO YOU FEEL ABOUT:

a. your health in general?

b. your physical condition?

c. your emotional well-being?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<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"/>	<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"/>	<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.

☐ I have had more than one visit but I have received services for less than one month

☐ 1 - 2 Months

☐ 3 - 5 Months

☐ 6 months to 1 year

☐ More than 1 year

Please answer questions #2-4 if you have been receiving mental health services for

ONE YEAR OR LESS

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? ☐ 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

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

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Must be entered on EVERY page



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

8. What is your gender?
Please select all that apply
- ☐ Male
☐ Female
☐ Non-Binary
- ☐ Transgender: Female to Male
☐ Transgender: Male to Female
☐ Another Gender Identity
9. Do you think of yourself as:
Please select all that apply
- ☐ Straight/Heterosexual
☐ Gay or Lesbian
☐ Bisexual
- ☐ Another sexual orientation
☐ Unknown
☐ Prefer not to answer
10. Are you of Mexican / Hispanic / Latino origin? ☐ Yes ☐ No ☐ Unknown
11. What is your race?
Please select all that apply
- ☐ American Indian / Alaskan Native
☐ Asian
☐ Black / African American
☐ Native Hawaiian / Other Pacific Islander
- ☐ White / Caucasian
☐ Another Race
☐ Unknown
12. What is your date of birth?
- | | |
|--|--|
| | |
|--|--|

month -

--	--

day -

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year
13. Were written documents and or the services you received provided in the language you prefer?
brochures describing available services, your rights as a consumer, and mental health education materials ☐ Yes ☐ No

14. Now thinking about the services you received, how much of it was by telehealth?
by telephone or video-conferencing
- ☐ None ☐ Very little ☐ About half ☐ Almost all ☐ All
15. How helpful were your telehealth visits compared to traditional in-person visits?
- ☐ Much worse ☐ Somewhat worse ☐ About the same ☐ Somewhat better ☐ Much better ☐ Not applicable
16. I would prefer to receive more of my mental health treatment at this program by telehealth.
- ☐ Strongly Disagree ☐ Disagree ☐ I am Neutral ☐ Agree ☐ Strongly Agree ☐ Not Applicable



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.



Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY

County Code:

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Date of Survey Administration:

0	5	/			/	2	0	2	5
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County Reporting Unit (optional):

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Code for not completing the survey (if applicable):

☐ Refused ☐ Impaired ☐ Language ☐ Other

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

* CSI County Client Number

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