

- 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"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					
4. The location of services was convenient. <i>parking, public transportation, distance, etc.</i>	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>					
6. Staff returned my calls within 24 hours.	<input type="radio"/>					
7. Services were available at times that were good for me.	<input type="radio"/>					
8. I was able to get all the services I thought I needed.	<input type="radio"/>					
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>					
10. Staff here believe that I can grow, change, and recover.	<input type="radio"/>					
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>					
12. I felt free to complain.	<input type="radio"/>					
13. I was given information about my rights.	<input type="radio"/>					
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>					
15. Staff told me what side effects to watch out for.	<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"/>					
17. I, not staff, decided my treatment goals.	<input type="radio"/>					
18. Staff were sensitive to my cultural background. <i>race, religion, language, etc.</i>	<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"/>					
20. I was encouraged to use consumer-run programs. <i>support groups, drop-in centers, crisis phone line, etc.</i>	<input type="radio"/>					
<b>As a direct result of the services I received:</b>						
21. I deal more effectively with daily problems.	<input type="radio"/>					
22. I am better able to control my life.	<input type="radio"/>					
23. I am better able to deal with crisis.	<input type="radio"/>					
24. I am getting along better with my family.	<input type="radio"/>					
25. I do better in social situations.	<input type="radio"/>					
26. I do better in school and/or work.	<input type="radio"/>					
27. My housing situation has improved.	<input type="radio"/>					
28. My symptoms are not bothering me as much.	<input type="radio"/>					
29. I do things that are more meaningful to me.	<input type="radio"/>					
30. I am better able to take care of my needs.	<input type="radio"/>					
31. I am better able to handle things when they go wrong.	<input type="radio"/>					
32. I am better able to do things that I want to do.	<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"/>					
34. I have people with whom I can do enjoyable things.	<input type="radio"/>					
35. I feel I belong in my community.	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.	<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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**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*

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

8. What is your sex?  Male  Female

9. Are you of Mexican / Hispanic / Latino origin?  Yes  No  Unknown

10. What is your race?  
*Please select all that apply*

- American Indian / Alaskan Native
- White / Caucasian
- Asian
- Another Race
- Black / African American
- Unknown
- Native Hawaiian / Other Pacific Islander

11. What is your date of birth?

*month*
*day*
*year*

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12. 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

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\*\*\*Must be entered on EVERY page\*\*\*



13. 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
14. 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
15. 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



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**

County Code:

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Date of Survey Administration:

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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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