

- 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"/>					

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.

39574

\* CSI County Client Number

--	--	--	--	--	--	--	--	--	--	--

DHCS 1744 EN



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

18. Staff were sensitive to my cultural background.  
*race, religion, language, etc.*
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
20. I was encouraged to use consumer-run programs.  
*support groups, drop-in centers, crisis phone line, etc.*

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
	<input type="radio"/>					
	<input type="radio"/>					
	<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.
34. I have people with whom I can do enjoyable things.
35. I feel I belong in my community.
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"/>					

### 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"/>						

\* CSI County Client Number

--	--	--	--	--	--	--	--	--	--

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



39574

## Living Situation

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 a long period of time?

Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<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:

- a. the way you spend your spare time?
- b. the chance you have to enjoy pleasant or beautiful things?
- c. the amount of fun you have?
- d. 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"/>						

## 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:

- a. the way you and your family act toward each other?
- b. 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"/>							

## 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

\* CSI County Client Number

--	--	--	--	--	--	--	--	--	--

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



7. HOW DO YOU FEEL ABOUT:
- a. the things you do with other people?
  - b. the amount of time you spend with other people?
  - c. the people you see socially?
  - d. 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"/>							

**Finances**

8. During the past month, did you generally have enough money to cover the following items?
- a. Food?  Yes  No
  - b. Clothing?  Yes  No
  - c. Housing?  Yes  No
  - d. Travel around for things like shopping, medical appointments, or visiting friends and relatives?  Yes  No
  - e. Social activities like movies or eating in restaurants?  Yes  No

**Legal & Safety**

9. In the past MONTH, were you a victim of:
- a. any violent crimes, such as assault, rape, muggng 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"/>						

**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"/>						

\* CSI County Client Number

--	--	--	--	--	--	--	--	--	--

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





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

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

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:

--	--

Date of Survey Administration:

0	5	/			/	2	0	2	6
---	---	---	--	--	---	---	---	---	---

County Reporting Unit (optional):

--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--

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

39574

