



- 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 Disagree, Disagree, are Undecided, Agree, or Strongly Agree** with each of the following statements. 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 Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	<input type="radio"/>					
2. I helped to choose my services.	<input type="radio"/>					
3. I helped to choose my treatment goals.	<input type="radio"/>					
4. The people helping me stuck with me no matter what.	<input type="radio"/>					
5. I felt I had someone to talk to when I was troubled.	<input type="radio"/>					
6. I participated in my own treatment.	<input type="radio"/>					
7. I received services that were right for me.	<input type="radio"/>					
8. The location of services was convenient for me.	<input type="radio"/>					
9. Services were available at times that were convenient for me.	<input type="radio"/>					
10. I got the help I wanted.	<input type="radio"/>					
11. I got as much help as I needed.	<input type="radio"/>					
12. Staff treated me with respect.	<input type="radio"/>					
13. Staff respected my religious/spiritual beliefs.	<input type="radio"/>					
14. Staff spoke with me in a way that I understood.	<input type="radio"/>					
15. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>					
As a direct result of the services I received:						
16. I am better at handling daily life.	<input type="radio"/>					
17. I get along better with family members.	<input type="radio"/>					
18. I get along better with friends and other people.	<input type="radio"/>					
19. I am doing better in school and/or work.	<input type="radio"/>					
20. I am better able to cope when things go wrong.	<input type="radio"/>					
21. I am satisfied with my family life right now.	<input type="radio"/>					
22. I am better able to do things I want to do.	<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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For Questions #23-26, please answer for relationships with persons other than your mental health provider(s)

As a direct result of the services I received:

- 23. I know people who will listen and understand me when I need to talk.
- 24. I have people that I am comfortable talking with about my problem(s).
- 25. In a crisis, I would have the support I need from family or friends.
- 26. I have people with whom I can do enjoyable things.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	<input type="radio"/>					
24. I have people that I am comfortable talking with about my problem(s).	<input type="radio"/>					
25. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					
26. I have people with whom I can do enjoyable things.	<input type="radio"/>					

27. What has been the most helpful thing about the services you received over the last 6 months? What would improve the services here? Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

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

1. Have you lived in any of the following places in the last 6 months? *Please select all that apply*

- With one or both parents
- With another family member
- Foster home
- Therapeutic foster home
- Crisis shelter
- Homeless shelter
- Group home
- Residential treatment center
- Hospital
- Local jail or detention facility
- State correctional facility
- Runaway / homeless / on the streets
- Other

2. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick?

- Yes, in a clinic or office
- Yes, but only in a hospital or emergency room
- No
- Do not remember

3. Are you on medication for emotional / behavioral problems? Yes No

3a. *If yes, did the doctor or nurse tell you what side effects to watch for?* Yes No

4. 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 a year

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Please answer questions #5-10 if you have been receiving mental health services for

ONE YEAR OR LESS

- 5. Were you arrested since beginning to receive mental health services?
 Yes No
- 6. Were you arrested during the 12 months prior to that?
 Yes No
- 7. Since you began to receive mental health services, have your encounters with the police...
 Been reduced
For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program
 Stayed the same
 Increased
 Not applicable
You had no police encounters this year or last year
- 8. Were you expelled or suspended since beginning services?
 Yes No
- 9. Were you expelled or suspended during the 12 months prior to that?
 Yes No
- 10. Since starting to receive services, the number of days you were in school is:
 Greater About the same Less
 Does not apply ↘
Please select why this does not apply
 I did not have a problem with attendance before starting services
 I was expelled from school
 I am home schooled
 I dropped out of school
 Other

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Please answer questions #11-16 if you have been receiving mental health services for

MORE THAN ONE YEAR

- 11. Were you arrested during the last 12 months?
 Yes No
- 12. Were you arrested during the 12 months prior to that?
 Yes No
- 13. Over the last year, have your encounters with the police...
 Been reduced
For example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program
 Stayed the same
 Increased
 Not applicable
You had no police encounters this year or last year
- 14. Were you expelled or suspended during the last 12 months?
 Yes No
- 15. Were you expelled or suspended during the 12 months prior to that?
 Yes No
- 16. Over the last year, the number of days you were in school is:
 Greater About the same Less
 Does not apply ↘
Please select why this does not apply
 I did not have a problem with attendance before starting services
 I was expelled from school
 I am home schooled
 I dropped out of school
 Other

18149



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

17. What is your sex? Male Female
18. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
19. What is your race? American Indian / Alaskan Native White / Caucasian
Please select all that apply Asian Another Race
 Black / African American Unknown
 Native Hawaiian / Other Pacific Islander
20. What is your date of birth? *month* *day* *year*

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21. Do you have Medi-Cal (Medicaid) insurance? Yes No
22. 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

23. 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
24. How helpful were the telehealth visits compared to traditional in-person visits for you?
 Much worse Somewhat worse About the same Somewhat better Much better
 Not Applicable
25. 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

 **Thank you for taking the time to answer these questions!**

FOR OFFICE USE ONLY

County Code: Date of Survey Administration: 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.

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