

- 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.

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* CSI County Client Number

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- 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"/>					
As a direct result of the services I received:						
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"/>						

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51891



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. 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

5. 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"/>							

Legal & Safety

6. 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
7. 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

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51891



Legal & Safety (continued)

8. 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

9. In general, would you say your health is: Excellent Very good Good Fair Poor

10. 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"/>						

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**

- 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

Please answer questions #5-7 if you have been receiving mental health services for **MORE THAN ONE 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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