

## MHSIP Consumer Survey (Version 1.2, February 17, 2006)

**Treatment Unit ID:**         -   **Date:**   /   /

In order to provide the best possible services, we need to know what you think about the services you received during the **last year**, the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers.

Please indicate your agreement/ disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9 to indicate that this item is "not applicable" to you.

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

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
<b>AS A DIRECT RESULT OF SERVICES I RECEIVED:</b>						
24. I deal more effectively with daily problems.	1	2	3	4	5	9
25. I am better able to control my life.	1	2	3	4	5	9
26. I am better able to deal with crisis.	1	2	3	4	5	9
27. I am getting along better with my family.	1	2	3	4	5	9
28. I do better in social situations.	1	2	3	4	5	9
29. I do better in school and/or work.	1	2	3	4	5	9
30. My housing situation has improved.	1	2	3	4	5	9
31. My symptoms are not bothering me as much.	1	2	3	4	5	9
32. I do things that are more meaningful to me.	1	2	3	4	5	9
33. I am better able to take care of my needs.	1	2	3	4	5	9
34. I am better able to handle things when they go wrong.	1	2	3	4	5	9
35. I am better able to do things that I want to do.	1	2	3	4	5	9
36. I am better able to get and keep a job.	1	2	3	4	5	9
37. I receive training and education on mental health recovery at this treatment agency	1	2	3	4	5	9
38. I was offered treatment and/or resources regarding my issues of trauma or abuse.	1	2	3	4	5	9
39. I feel safe talking with staff about my experiences with trauma or abuse	1	2	3	4	5	9
<i>For questions 40-43 please answer for relationships with persons other than your mental health provider(s)</i>						
40. I am happy with the friendships I have.	1	2	3	4	5	9
41. I have people with whom I can do enjoyable things.	1	2	3	4	5	9
42. I feel I belong in my community	1	2	3	4	5	9
43. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9

Please feel free to use this space to comment on any of your answers. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here.

**COMMENTS:**



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

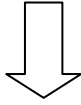
44. Are you currently (still) getting services from this Provider?  Yes  No

45. How long have you received services from this Provider?

A. Less than a year (less than 12 months)

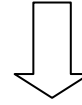
**OR**

B. 1 year or more (at least 12 months)



**A.**

1. Were you arrested during the last 12 months?  
 Yes  No
2. Were you arrested during the 12 months prior to that?  
 Yes  No
3. Over the last year, have your encounters with the police...  
 a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)  
 b. stayed the same  
 c. increased  
 d. not applicable (I had no police encounters this year or last year)



**B.**

1. Were you arrested since you began to receive mental health services?  
 Yes  No
2. Were you arrested during the 12 months prior to that?  
 Yes  No
3. Since you began to receive mental health services, have your encounters with the police...  
 a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)  
 b. stayed the same  
 c. increased  
 d. not applicable (I had no police encounters this year or last year)

Please provide the following information for statistical purposes.

a. Are you of Spanish/Hispanic/Latino Origin?  Hispanic or Latino  Not Hispanic or Latino

b. What is your Race? (mark one or more races to indicate what you consider yourself to be)

- American Indian or Alaska Native  Asian  Black (African American)  
 Native Hawaiian or Other Pacific Islander  White (Caucasian)  Other: Describe \_\_\_\_\_

c. Birth Year: \_\_\_\_\_

d. Gender:  Male  Female

Thank you for your time and cooperation in completing this questionnaire.

Interviewer Signature _____	Date _____
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