



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

For Questions #33-36, please answer for relationships with persons other than your mental health provider(s)

<b>As a direct result of the services I received:</b>						
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<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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\*\*\*Must be entered on EVERY page\*\*\*



# 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.

<b>General Life Satisfaction</b>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you think about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Living Situation</b>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<i>Think about your current living situation.</i>							
2. HOW DO YOU FEEL ABOUT:							
a. the living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the prospect of staying on where you currently live for a long period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Daily Activities &amp; Functioning</b>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
<i>Think about how you spend your spare time.</i>							
3. HOW DO YOU FEEL ABOUT:							
a. the way you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. the amount of relaxation in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Family</b>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
4. In general, how often do you get together with your family?	<input type="radio"/> At least once a day <input type="radio"/> At least once a week <input type="radio"/> At least once a month <input type="radio"/> Less than once a month <input type="radio"/> Not at all <input type="radio"/> No family / Not Applicable							
5. HOW DO YOU FEEL ABOUT:								
a. the way you and your family act toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the way things are in general between you and your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Social Relations</b>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
6. ABOUT HOW OFTEN DO YOU DO THE FOLLOWING?								
a. Visit with someone who does not live with you?	<input type="radio"/> At least once a day <input type="radio"/> At least once a week <input type="radio"/> At least once a month <input type="radio"/> Less than once a month <input type="radio"/> Not at all <input type="radio"/> Not Applicable							
b. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?	<input type="radio"/> At least once a day <input type="radio"/> At least once a week <input type="radio"/> At least once a month <input type="radio"/> Less than once a month <input type="radio"/> Not at all <input type="radio"/> Not Applicable							
7. HOW DO YOU FEEL ABOUT:								
a. the things you do with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the amount of time you spend with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the people you see socially?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. the amount of friendship in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



**Legal & Safety**

9. In the past MONTH, were you a victim of:
- a. any violent crimes, such as assault, rape, mugging 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.  1 - 2 Months
- I have had more than one visit but I have received services for less than one month  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 <b>ONE YEAR OR LESS</b>	 Please answer questions #5-7 if you have been receiving mental health services for <b>MORE THAN ONE YEAR</b>
2. Were you arrested since you began to receive mental health services? <input type="radio"/> Yes <input type="radio"/> No	5. Were you arrested during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No
3. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No	6. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No
4. Since you began to receive mental health services, have your encounters with the police... <input type="radio"/> Been reduced <i>For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program</i> <input type="radio"/> Stayed the same <input type="radio"/> Increased <input type="radio"/> Not applicable <i>I had no police encounters this year or last year</i>	7. Over the last year, have your encounters with the police... <input type="radio"/> Been reduced <i>For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program</i> <input type="radio"/> Stayed the same <input type="radio"/> Increased <input type="radio"/> Not applicable <i>I had no police encounters this year or last year</i>

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

8. What is your gender? *Please select all that apply*
- Male  
 Female  
 Non-Binary  
 Transgender: Female to Male  
 Transgender: Male to Female  
 Another Gender Identity
9. Do you think of yourself as? *Please select all that apply*
- Straight/Heterosexual  
 Gay or Lesbian  
 Bisexual  
 Another sexual orientation  
 Unknown  
 Prefer not to answer
10. Are you of Mexican / Hispanic / Latino origin?       Yes     No     Unknown
11. What is your race? *Please select all that apply*
- American Indian / Alaskan Native  
 Asian  
 Black / African American  
 Native Hawaiian / Other Pacific Islander  
 White / Caucasian  
 Another Race  
 Unknown
12. What is your date of birth?
- month*
*day*
*year*
- -
13. 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

14. 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

15. 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

16. 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



17. 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:**   /   /

**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.**

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