

MHSIP Consumer Survey - OLDER ADULT Spring 2025



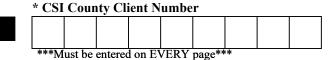
•Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice.

•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.

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• Please fill in the circle completely. Correct on the circle completely. Incorrect on ⊗ ⊗	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	0	0	0	0	0	0
2. If I had other choices, I would still get services	0	0	0	0	0	
from this agency.						
3. I would recommend this agency to a friend or	0	0	0	0	0	
family member.						
4. The location of services was convenient.	0	0	0	0	0	0
parking, public transportation, distance, etc.						
5. Staff were willing to see me as often as I felt it	0	0	0	0	0	0
was necessary.						
6. Staff returned my calls within 24 hours.	0	0	0	0	0	
7. Services were available at times that were good	0	0	0	0	0	0
for me.						
8. I was able to get all the services I thought I	0	0	0	0	0	0
needed.						
9. I was able to see a psychiatrist when I wanted to.	0	0	0	0	0	0
10. Staff here believe that I can grow, change, and	0	0	0	0	0	0
recover.						
11. I felt comfortable asking questions about my treatment and medication.	0	0	0	0	0	
	0	0	0	0	0	
12. I felt free to complain.	0	0	O		0	
13. I was given information about my rights.	0	0	0	0	0	0
14. Staff encouraged me to take responsibility for how	0	0	0	0	0	
I live my life.						
15. Staff told me what side effects to watch out for.	0	0	0	0	0	
16. Staff respected my wishes about who is and who	0	0	0	0	0	0
is not to be given information about my treatment.						
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0
18. Staff were sensitive to my cultural background.	0	0	Ö	0	0	0
race, religion, language, etc.						
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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.

DHCS 1744 EN









	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
19. Staff helped me obtain the information I needed	0	0	0	0	Ö	0
so that I could take charge of managing my						
illness.						
20. I was encouraged to use consumer-run programs.	0	0	0	0	0	0
support groups, drop-in centers, crisis phone						
line, etc.						
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	0	0	0	0	0	0
22. I am better able to control my life.	0	0	0	0	0	0
23. I am better able to deal with crisis.	0	0	0	0	0	0
24. I am getting along better with my family.	0	0	0	0	0	0
25. I do better in social situations.	0	0	0	0	0	0
26. I do better in school and/or work.	0	0	0	0	0	0
27. My housing situation has improved.	0	0	0	0	0	0
28. My symptoms are not bothering me as much.	0	0	0	0	0	0
29. I do things that are more meaningful to me.	0	0	0	0	0	0
30. I am better able to take care of my needs.	0	0	0	0	0	
31. I am better able to handle things when they go	0	0	0	0	0	
wrong.						
32. I am better able to do things that I want to do.	0	0	0	0	0	0
For Questions #33-36, please answer for relationsh	ips with	persons	other th	an your	mental	health
provider(s)						
As a direct result of the services I received:						
33. I am happy with the friendships I have.	0	0	0	0	0	0
34. I have people with whom I can do enjoyable	0	0	0	0	0	0
things.						
35. I feel I belong in my community.	0	0	0	0	0	0
36. In a crisis, I would have the support I need from	0	0	0	0	0	0
family or friends.						

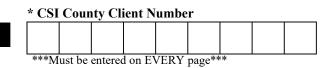
* CSI County Client Number							
Must be entered on EVERY page							





1. Approximately, how long have you	in received services here? In the late of
Please answer questions #2-4 if you have been receiving mental health services for ONE YEAR OR LESS 2. Were you arrested since you OYes ONo	Please answer questions #5-7 if you have been receiving mental health services for MORE THAN ONE YEAR 5. Were you arrested during the OYes ONo
began to receive mental health services? 3. Were you arrested during the OYes ONo 12 months prior to that? 4. Since you began to receive mental health services, have your encounters with the police OBeen reduced For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program OStayed the same OIncreased Not applicable I had no police encounters this year or last year	 last 12 months? 6. Were you arrested during the OYes ONo 12 months prior to that? 7. Over the last year, have your encounters with the police OBeen reduced For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program OStayed the same OIncreased Not applicable I had no police encounters this year or last year
Please answer the following quest	ions to let us know a little about you.
8. What is your gender? O Male Female Non-Binary	Transgender: Female to MalTransgender: Male to FemalAnother Gender Identity

	Please select all that apply	O Non-Binary	O Another Gender Identity
9.	Do you think of yourself as: <i>Please select all that apply</i>	Straight/HeterosexualGay or LesbianBisexual	 Another sexual orientation Unknown Prefer not to answer
10.	Are you of Mexican / Hispan	nic / Latino origin? O Yes O No	o O Unknown
11.	What is your race? Please select all that apply	 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Isla 	○ White / Caucasian○ Another Race○ Unknowno Unknown







12. What is your date of birth? month day -	year -
13. Were written documents and or the services you received particular brochures describing available services, your rights as a commaterials OYes ONo	
14. Now thinking about the services you received, how much by telephone or video-conferencing ○ None ○ Very little ○ About half ○ Almost at 15. How helpful were your telehealth visits compared to tradit ○ Much worse ○ Somewhat worse ○ About the same ○ Not applicable	all OAll ional in-person visits?
16. I would prefer to receive more of my mental health treatmo ○ Strongly disagree ○ Disagree ○ I am neutral ○ Not applicable	ent at this program by telehealth. O Agree O Strongly agree
17. Please provide comments here and / or on the back of this both positive and negative feedback. Also, if there are are questionnaire which you feel should have been, please wri and cooperation in completing this questionnaire.	as which were not covered by this
Thank you for taking the time to an	swer these questions!
FOR OFFICE USE ONLY County Code: Date of Survey Administration:	County Reporting Unit (optional): is survey.
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