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MHSIP Consumer Survey - OLDER ADULT+QOL Spring 2025



English

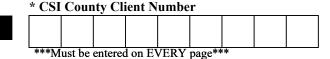
•Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice.

•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.

Compat	•					
•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	
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	
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	0	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



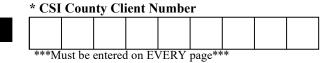




_								
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable		
19. Staff helped me obtain the information I needed	0	0	0	0	Ö	0		
so that I could take charge of managing my								
illness.								
20. I was encouraged to use consumer-run programs	. 0	0	0	0	0	0		
support groups, 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	0		
31. I am better able to handle things when they go	0	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 relations.	hips with	persons	other th	ian your	mental	health		
provide	er(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.								
Quality of Life Questions								
Please answer each of the following questions by filling in the circle that best describes your								

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.

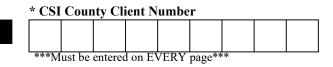
G	eneral Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1.	How do you think about your life in	0	0	0	0	0	0	0
	general?							







Living Situation		Terrible	Unhappy	Mostly Dissatisfie	Mixed	Mostly Satisfied	Pleased	Delighted
Think about your current living situation	n.			Dissatisfic	, a			
2. HOW DO YOU FEEL ABOUT:								
a. the living arrangements where you	live?	0	0	0	0	0	0	0
b. the privacy you have there?		0	0	0	0	0	0	0
c. the prospect of staying on where yo	u	0	0	0	0	0	0	0
currently live for a long period of ti	me?							
Daily Activities & Functioning		Terrible	Unhappy	Mostly Dissatisfie	Mixed	Mostly Satisfied	Dlancad	Delighted
Think about how you spend your spare	time.							
3. HOW DO YOU FEEL ABOUT:								
a. the way you spend your spare time?		0	0	0	0	0	0	0
b. the chance you have to enjoy pleasa	nt or	0	0	0	0	0	0	0
beautiful things?								
c. the amount of fun you have?		0	0	0	0	0	0	0
d. the amount of relaxation in your life	?	0	0	0	0	0	0	0
Family			Mostly		Mostly			Not
4. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Dissatisfied	Mixed	Satisfied	Pleased	Delighted	Applicable
a. the way you and your family act	0	0	0	0	0	0	0	0
toward each other?	O	· ·			Ü			O
b. the way things are in general	0	0	0	0	0	0	0	0
between you and your family?								
Social Relations	Unhappy	Mostly	Mixed	Mostly	Pleased	Delighted	Not	
5. HOW DO YOU FEEL ABOUT:	Terrible	Сппарру	Dissatisfied	WIIACG	Satisfied	Ticuscu	Bengmed	Applicable
a. the things you do with other	0	0		0	0	0	0	0
people?								
b. the amount of time you spend with	0	0		0	0		0	0
other people?	O	Ü		Ü	Ü		Ü	Ü
c. the people you see socially?	0	0	0	0	0	0	0	0
d. the amount of friendship in your	0	0	0	0	0	0	0	0
life?								
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 burgla	t of you	r propert	y or mo	oney, or	•	\circ Yes	\circ No	
being cheated?								
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								







Legal & Safety (continued)	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
8. HOW DO YOU FEEL ABOUT:			Dissatisfied		Sunsited		
a. how safe you are on the streets in your neighborhood?	0	0	0	0	0	0	0
b. how safe you are where you live?		0	0	0	0	0	
c. how the protection you have against being	0	0	0	0	0	0	0
robbed or attacked?							
Health		-					
9. In general, would you say your health is: 0	Excelle	nt OV	ery goo	d OG	ood O	Fair C	Poor
10. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Satisfied	Pleased	Delighted
a. your health in general?	0	0	0	0	0	0	0
b. your physical condition?	0	0	0	0	0	0	0
c. your emotional well-being?	0	0	0	0	0	0	0
Please answer the following ques	tions to	let us k	know ho	w you a	are doir	ıg.	
1. Approximately, how long have yo	ou receiv	ed serv	ices her	e?			
This is my first visit here. I have had more than one visit to 1 - 2 Months 3 - 5 Months 6 months to 1 year More than 1 year	out I hav	e receiv	ved serv	ices for	less tha	n one m	nonth
Please answer questions #2-4 if you have been	Ple	ase ansv	wer ques	stions #:	5-7 if yo	ou have	been
receiving mental health services for			ving me		-		
ONE YEAR OR LESS		M	ORE T	HAN O	NE YE	AR	
2. Were you arrested since you OYes ONo	5. W	ere vou	arrested	d during	the	○ Yes	O No
began to receive mental health services?		st 12 mo		٤	2	o 1 c s	0110
3. Were you arrested during the OYes ONo			arreste		g the	○ Yes	O No
12 months prior to that?	12	2 month	s prior t	o that?			
4. Since you began to receive mental health	7. O	ver the l	last year	, have y	our enc	ounters	with
services, have your encounters with the	the	e police					
police	0]	Been red	duced				
O Been reduced		For exa	ımple, I	have no	ot been a	irrested,	,
For example, I have not been arrested,		hassled	by polic	ce, takei	n by pol	ice to a	
hassled by police, taken by police to a		shelter	or crisis	progra	ım		
shelter or crisis program		74 1 41	1				
1 0		stayed t ncrease	he same d				
O Stayed the same		Not app					
○ Increased○ Not applicable		I had no	o police	encoun	ters this	year or	•
I had no police encounters this year		last yea	r				
or last year							
* CSI County Client Number					_	15668	
	I			8	3		

Must be entered on EVERY page

	Please answer th	e 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 Mal ○ Transgender: Male to Femal ○ Another Gender Identity
9.	Do you think of yourself as: Please select all that apply	Straight/HeterosexualGay or LesbianBisexual	Another sexual orientationUnknownPrefer not to answer
10.	Are you of Mexican / Hispa	nic / Latino origin? O Yes O N	No O Unknown
11.	What is your race? Please select all that apply	 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Is 	○ Another Race ○ Unknown
12.	What is your date of birth?	month day $ -$	year
13.		d or the services you received provided ble services, your rights as a consume o	
	How helpful were your teleh O Much worse O Somew O Not applicable I would prefer to receive mo	○ About half ○ Almost all ○ ealth visits compared to traditional in	is program by telehealth.
	Please provide comments he both positive and negative fe	ere and / or on the back of this form, if eedback. Also, if there are areas which is should have been, please write them any this questionnaire.	n were not covered by this
<u> </u>	Thank y	you for taking the time to answer th	ese questions!
	County Code: Date of Survey Ad O 5 / Code for not completing the survey (nty Reporting Unit (optional):
	○ Refused ○ Impaired ○ Langu Make sure the same CSI County Clic	age Other ent Number is written on all pages of this survey.	
	* CSI County Client Number ***Must be entered on EVERY page		15668 5 / 5
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