

YOUTH SATISFACTION SURVEY

We want to know what you think about the *mental health and/or substance use services* you received *in the last 6 months* so that we may provide the best possible services. Do not write your name on this survey. Your answers will be handled confidentially. We will not know if you responded, but we will review your responses to improve our services.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the *mental health and/or substance use services* you received *in the last 6 months* by circling the number that best represents your opinion. If the statement is about something you have not experienced, answer “N/A” to indicate it is not applicable to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	1	2	3	4	5	N/A
2. I helped to choose my services.	1	2	3	4	5	N/A
3. I helped to choose my treatment goals.	1	2	3	4	5	N/A
4. The people helping me stuck with me no matter what.	1	2	3	4	5	N/A
5. I felt I had someone to talk to when I was troubled.	1	2	3	4	5	N/A
6. I participated in my own treatment.	1	2	3	4	5	N/A
7. The services I received were right for me.	1	2	3	4	5	N/A
8. The location of services was convenient for me.	1	2	3	4	5	N/A
9. Services were available at times that were convenient for me.	1	2	3	4	5	N/A
10. I got the help I wanted.	1	2	3	4	5	N/A
11. I got as much help as I needed.	1	2	3	4	5	N/A
12. Staff treated me with respect.	1	2	3	4	5	N/A
13. Staff respected my family’s religious or spiritual beliefs.	1	2	3	4	5	N/A
14. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15. Staff were sensitive to my cultural or ethnic background.	1	2	3	4	5	N/A

Section 2: As a direct result of the mental health and/or substance use services I received in the last 6 months.....

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. I am better at handling daily life.	1	2	3	4	5	N/A
17. I get along better with family members.	1	2	3	4	5	N/A
18. I get along better with friends and other people.	1	2	3	4	5	N/A
19. I am doing better in school and/or work.	1	2	3	4	5	N/A
20. I am better able to cope when things go wrong.	1	2	3	4	5	N/A
21. I am satisfied with my family life right now.	1	2	3	4	5	N/A
22. I am better able to do things I want to do.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24. I have people that I am comfortable talking with about my problems.	1	2	3	4	5	N/A
25. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

Section 4: Please answer the following questions to let us know a little about you.

27. Are you currently receiving mental health and/or substance use services?

- 1 = Mental health only 3 = Mental health and substance use
 2 = Substance use only 4 = Unknown

28. How long have you received these services?

- 1 = Less than 6 months 3 = 1 year to 2 years 5 = Unknown
 2 = 6 months to 1 year 4 = More than 2 years

30. What is your gender?

- 1 = Female 3 = Trans female 5 = Unknown
 2 = Male 4 = Trans male 6 = Other (Please describe: _____)

31. What is your age? _____ years

32. What is your racial background? (Please select all that apply)

- 1 = American Indian/Alaska Native 5 = White/Caucasian
 2 = Asian 6 = Unknown
 3 = Black/African American 7 = Other (Please describe: _____)
 4 = Native Hawaiian/Pacific Islander

33. Are you of Mexican, Hispanic or Latino origin?

- 1 = Yes 2 = No 3 = Unknown

34. What county do you currently live in? _____

35. Do you have any other comments about the services you received in the last 6 months?

Thank you for your time and cooperation in completing this survey!

Office Use Only:	Survey ID: _____	Date Survey Received: ____/____/____
	Program Enrollment Status: <i>(select all that apply)</i>	CCS <input type="checkbox"/> CST <input type="checkbox"/> FEP <input type="checkbox"/>