

ADULT 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. I like the services that I received.	1	2	3	4	5	N/A
2. If I had other choices, I would still get services from the same agency.	1	2	3	4	5	N/A
3. I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls within 24 hours.	1	2	3	4	5	N/A
7. Services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff believed that I could grow, change, and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18. Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A

Section 1 (Continued from first page)...						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition.	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	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
21. I deal more effectively with daily problems.	1	2	3	4	5	N/A
22. I am better able to control my life.	1	2	3	4	5	N/A
23. I am better able to deal with crisis.	1	2	3	4	5	N/A
24. I am getting along better with my family.	1	2	3	4	5	N/A
25. I do better in social situations.	1	2	3	4	5	N/A
26. I do better in school and/or work.	1	2	3	4	5	N/A
27. My housing situation has improved.	1	2	3	4	5	N/A
28. My symptoms are not bothering me as much.	1	2	3	4	5	N/A
29. I do things that are more meaningful to me.	1	2	3	4	5	N/A
30. I am better able to take care of my needs	1	2	3	4	5	N/A
31. I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32. I am better able to do things that 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
33. I am happy with the friendships I have.	1	2	3	4	5	N/A
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35. I feel I belong in my community.	1	2	3	4	5	N/A
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

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

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

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

38. How long have you received these services?

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

39. What is your gender?

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

40. What is your age? _____ years

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

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

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

- 1 = Yes
- 2 = No
- 3 = Unknown

43. What county do you currently live in? _____

44. 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"/> CSP <input type="checkbox"/> FEP <input type="checkbox"/>