

# Department of Mental Health and Addiction Services Consumer Satisfaction Survey

|                 |         |                |                                     |
|-----------------|---------|----------------|-------------------------------------|
| Agency/Facility | Program | Date Completed | <input type="checkbox"/> BHH Client |
|-----------------|---------|----------------|-------------------------------------|

For each box, put an **X** in the circle that applies to you.

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|--|--|--|
| <b>Gender</b><br><input type="radio"/> Male<br><input type="radio"/> Female  | <b>Age</b><br><input type="radio"/> 20 and under<br><input type="radio"/> 21-24<br><input type="radio"/> 25-34<br><input type="radio"/> 35-54<br><input type="radio"/> 55-64<br><input type="radio"/> 65 and older   | <b>Primary reason for receiving services</b><br><input type="radio"/> Emotional/Mental Health<br><input type="radio"/> Alcohol or Drugs<br><input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs |
| <b>Race</b><br><input type="radio"/> American Indian/Native Alaskan<br><input type="radio"/> Asian<br><input type="radio"/> Black/African American<br><input type="radio"/> Native Hawaiian/Other Pacific Islander<br><input type="radio"/> White/Caucasian<br><input type="radio"/> Unknown<br><input type="radio"/> Other: | <b>Ethnicity</b><br><input type="radio"/> Hispanic-Other<br><input type="radio"/> Non-Hispanic<br><input type="radio"/> Hispanic-Puerto Rican<br><input type="radio"/> Hispanic-Mexican<br><input type="radio"/> Hispanic-Cuban<br><input type="radio"/> Unknown | <b>Length of Service</b><br><input type="radio"/> Less than 1 year<br><input type="radio"/> 12 months to 2 years<br><input type="radio"/> 2 years to 5 years<br><input type="radio"/> More than 5 years            |

| For each item, <b>circle</b> the answer that matches your view. |   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|----------------|-------|---------|----------|-------------------|----------------|
| 1.  | I like the services that I received here.   | SA             | A     | N       | D        | SD                | NA             |
| 2.  | If I had other choices, I would still get services from this agency.  | SA             | A     | N       | D        | SD                | NA             |
| 3.  | I would recommend this agency to a friend or family member.   | SA             | A     | N       | D        | SD                | NA             |
| 4.  | The location of services was convenient (parking, public transportation, distance, etc.)                            | SA             | A     | N       | D        | SD                | NA             |
| 5.  | Staff was willing to see me as often as I felt was necessary.   | SA             | A     | N       | D        | SD                | NA             |
| 6.  | Staff returned my calls within 24 hours.  | SA             | A     | N       | D        | SD                | NA             |
| 7.  | Services were available at times that were good for me.   | SA             | A     | N       | D        | SD                | NA             |
| 8.  | Staff here believes that I can grow, change, and recover.   | SA             | A     | N       | D        | SD                | NA             |
| 9.  | I felt comfortable asking questions about my services, treatment or medication                                      | SA             | A     | N       | D        | SD                | NA             |
| 10.   | I felt free to complain.  | SA             | A     | N       | D        | SD                | NA             |
| 11.   | I was given information about my rights.  | SA             | A     | N       | D        | SD                | NA             |
| 12.   | Staff told me what side effects to watch out for.   | SA             | A     | N       | D        | SD                | NA             |
| 13.   | Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services. | SA             | A     | N       | D        | SD                | NA             |
| 14.   | Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)                               | SA             | A     | N       | D        | SD                | NA             |

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| For each item, <b>circle</b> the answer that matches your view.  |   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|---|----------------|-------|---------|----------|-------------------|----------------|
| 15.  | Staff helped me obtain information I needed so that I could take charge of managing my illness.     | SA             | A     | N       | D        | SD                | NA             |
| 16.  | My wishes are respected about the amount of family involvement I want in my treatment.              | SA             | A     | N       | D        | SD                | NA             |
| <b>As a result of services I have received from this agency:</b> |   |                |       |         |          |                   |                |
| 17.  | I deal more effectively with daily problems   | SA             | A     | N       | D        | SD                | NA             |
| 18.  | I am better able to control my life.  | SA             | A     | N       | D        | SD                | NA             |
| 19.  | I am better able to deal with crisis.   | SA             | A     | N       | D        | SD                | NA             |
| 20.  | I am getting along better with my family.   | SA             | A     | N       | D        | SD                | NA             |
| 21.  | I do better in social situations.   | SA             | A     | N       | D        | SD                | NA             |
| 22.  | I do better in school and/or work.  | SA             | A     | N       | D        | SD                | NA             |
| 23.  | My symptoms are not bothering me as much.   | SA             | A     | N       | D        | SD                | NA             |
| <b>In general . . .</b>  |   |                |       |         |          |                   |                |
| 24.  | I am involved in my community (for example, church, volunteering, sports, support groups, or work). | SA             | A     | N       | D        | SD                | NA             |
| 25.  | I am able to pursue my interests.   | SA             | A     | N       | D        | SD                | NA             |
| 26.  | I can have the life I want, despite my disease/disorder.  | SA             | A     | N       | D        | SD                | NA             |
| 27.  | I feel like I am in control of my treatment.  | SA             | A     | N       | D        | SD                | NA             |
| 28.  | I give back to my family and/or community.  | SA             | A     | N       | D        | SD                | NA             |

**Is there anything else that you would like to tell us about your services here?**

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