



	Strongly Agree 5	Agree 4	I am Neutral 3	Disagree 2	Strongly Disagree 1	Not Applicable 0
13. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff helped me so that I could manage my life and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt that I was treated with respect by the receptionist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Staff and I worked together to plan my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I was given written information that I could understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**As a Direct Result of Services I Received:**

20. I deal more effectively with daily problems.	<input type="radio"/>					
21. I am better able to control my life.	<input type="radio"/>					
22. I am better able to deal with crisis.	<input type="radio"/>					
23. I am getting along better with my family.	<input type="radio"/>					
24. I do better in social situations.	<input type="radio"/>					
25. I do better in school and/or work.	<input type="radio"/>					
26. My symptoms are not bothering me as much.	<input type="radio"/>					

**27. How did you become involved with this program?**

- I decided to come in on my own.  
 Someone else recommended I come in.  
 I came in against my will.

**28. What would you like to see changed about this program? (Write comments in box below)**

**29. Do you currently attend self-help?**

- Yes     Not Available     No

**30. If YES, how often do you participate?**

- Daily     Weekly     Monthly     Occasionally

Client ID Number (Must be entered on each page and is used to link pages)

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