Youth Satisfaction Questionnaire (YSQ)

(For Children Age 9 or Older)

Client Name:		Case Number:	County ID:
Gender:	Age:	Date of Administration	
Type of Administration: ❑ 6 Month ❑ 12 Month ❑ Discharge			

Instructions:

Please help us to make this program better by answering the following questions about the services you received over THE LAST 12 MONTHS. We want to know how you felt, good or bad. Please answer all of the questions. Thank you!

Questions	Ratings (Circle your answers)
Did you like the help you were getting?	Yes Somewhat No
Did you get the help you wanted?	Yes Somewhat No
Did you need more help than you got?	Yes Somewhat No
Were you given more services than you needed?	Yes Somewhat No
Have the services helped you with your life?	Yes Somewhat No

Now we would like you to grade the specific services YOU RECEIVED OVER THE LAST 12 MONTHS. Write the type of service below and circle a grade to rate how good you felt the service was.

Type of Service	Grade You Would Give The Service (Circle the grade)
	A B C D F
	A B C D F
	A B C D F
	A B C D F
	A B C D F
	A B C D F