

Adult Survey Results

Superior Region Summary Report for the November 2004 Data Collection Period

ADULT PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

MARCH 2005

Prepared by:
Performance Outcomes and Quality
Improvement Unit
California Department of Mental Health (DMH)
Systems of Care
1600 9th Street
Sacramento CA 95814

Purpose of this report

The purpose of this report is to provide data on consumer perception of mental health services (using items from the 28-item Mental Health Statistics Improvement Program Consumer Perception Survey (MHSIP)) and quality of life (QOL), as measured by the California State Department of Mental Health's Adult Survey. This report is a REGIONAL summary of the Adult Survey (see Attachment A) data that were collected during the November 1-15, 2004 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County tables can be downloaded from each county's Information Technology Web Services (ITWS) folder, accessible to authorized ITWS users at <https://mhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items

Summary Report

The following tables reflect aggregated REGIONAL data and highlight the Adult Survey demographic items, as well as several additional descriptive items, that were reported by consumers who received services during the November 1-15, 2004, survey period. Results of these Adult Survey consumer-completed items are highlighted in yellow, and exclude surveys that had no responses for either the MHSIP portion of the Adult Survey, the QOL portion, or both. **Out of 1,775 Superior Region Adult Surveys submitted, a total of 1,354 had at least one response to the MHSIP or QOL sections.**

TOTAL NUMBER OF SURVEYS SUBMITTED (SUPERIOR REGION)

A total of 1,775 Adult Surveys were submitted for the Superior Region.

Region

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Superior Region	1775	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your gender? – 62.5% identified themselves as Female, 37.3% as Male and 0.2% as Other. Additionally, 8.3% of the consumers did not respond to this item.

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	776	57.3	62.5	62.5
	Male	463	34.2	37.3	99.8
	Other	3	.2	.2	100.0
	Total	1242	91.7	100.0	
No Response		112	8.3		
Total		1354	100.0		

AGE CATEGORY*

For the consumers who responded to the question – “What is your date of birth?” – 0.7% were under age 18, 9.2% were 18-25, 16.1% were 26-35, 32.5% were 36-45, 38.1% were 46-59 and 3.4% were age 60 or older. Additionally, 19.7% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 18	8	.6	.7	.7
	18-25	100	7.4	9.2	9.9
	26-35	175	12.9	16.1	26.0
	36-45	353	26.1	32.5	58.5
	46-59	414	30.6	38.1	96.6
	60+	37	2.7	3.4	100.0
	Total	1087	80.3	100.0	
No Response		267	19.7		
Total		1354	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long have you received services here?” – 2.2% reported that it was their first visit; 4.8% reported that they had had more than one visit, but that they had received services for less than one month; 6.7% reported having received services for 1-2 months; 7.0% reported having received services for 3-5 months; 12.0% reported receiving services for 6 months to 1 year and 67.4% reported receiving services for more than one year. Additionally, 31.6% of the consumers did not respond to this item.

How long have you received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	This is my first visit here	20	1.5	2.2	2.2
	> 1 visit, but < one month	44	3.2	4.8	6.9
	1 to 2 months	62	4.6	6.7	13.6
	3 to 5 months	65	4.8	7.0	20.6
	6 months to 1 year	111	8.2	12.0	32.6
	More than 1 year	624	46.1	67.4	100.0
	Total	926	68.4	100.0	
No Response		428	31.6		
Total		1354	100.0		

* Although Adults are defined as being 18 - 59 years of age, this table reflects that DMH received “adult” surveys from consumers younger than 18 and older than 60 years of age. Consumers may have, inadvertently, been given the wrong survey form to complete, or may have unintentionally filled out the item with an invalid date of birth. Also, for a number of surveys received “date of birth” was not completed.

MEXICAN / HISPANIC / LATINO ORIGIN

On the Adult Survey, 8.3% of the consumers identified themselves as being “of Mexican / Hispanic / Latino Origin.”

Are you of Mexican / Hispanic / Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1013	74.8	74.8	74.8
	Yes	113	8.3	8.3	83.2
	Unknown	228	16.8	16.8	100.0
	Total	1354	100.0	100.0	

RACE

Consumers were permitted to identify as many race categories as they felt were applicable; therefore, each race category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each race category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Adult Survey and “no” if the consumer did not mark the bubble.

On the Adult Survey, 80.1% of the consumers identified themselves as being “White / Caucasian.”

Is your race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	269	19.9	19.9	19.9
	Yes	1085	80.1	80.1	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 1.8% of the consumers identified themselves as being “Black / African American.”

Is your race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1329	98.2	98.2	98.2
	Yes	25	1.8	1.8	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 0.7% of the consumers identified themselves as being “Asian.”

Is your race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1345	99.3	99.3	99.3
	Yes	9	.7	.7	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 10.3% of the consumers identified themselves as being “American Indian / Alaskan Native.”

Is your race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1214	89.7	89.7	89.7
	Yes	140	10.3	10.3	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 0.7% of the consumers identified themselves as being “Hawaiian / Other Pacific Islander.”

Is your race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1344	99.3	99.3	99.3
	Yes	10	.7	.7	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 5.9% of the consumers identified themselves as being of another race.

Other race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1274	94.1	94.1	94.1
	Yes	80	5.9	5.9	100.0
	Total	1354	100.0	100.0	

On the Adult Survey, 1.3% of the consumers were not able to identify their race.

Unknown race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1337	98.7	98.7	98.7
	Yes	17	1.3	1.3	100.0
	Total	1354	100.0	100.0	

LANGUAGE OF SURVEY

On the Adult Survey, 98.0% of the consumers responded using the English version of the Adult Survey and 2.0% used the Spanish version. Additionally, 0.3% of the surveys received did not indicate the language of the survey.

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	1323	97.7	98.0	98.0
	Spanish	27	2.0	2.0	100.0
	Total	1350	99.7	100.0	
No Response		4	.3		
Total		1354	100.0		

PREFERRED LANGUAGE

On the Adult Survey, 97.8% of the consumers responded that the services they received were provided in the language they preferred and 96.6% responded that written information was available in their preferred language. Additionally, 10.7% and 11.9% of the consumers did not respond to these items, respectively.

Were the services you received provided in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	26	1.9	2.2	2.2
	Yes	1183	87.4	97.8	100.0
	Total	1209	89.3	100.0	
No Response		145	10.7		
Total		1354	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	41	3.0	3.4	3.4
	Yes	1152	85.1	96.6	100.0
	Total	1193	88.1	100.0	
No Response		161	11.9		
Total		1354	100.0		

PRIMARY REASON INVOLVED WITH PROGRAM

For the consumers who responded to the question – “What was the primary reason you became involved with this program?” – 49.4% reported that they decided to come in on their own, 45.2% reported that someone else recommended that they come in and 5.4% reported that they came in against their will. Additionally, 12.6% of the consumers did not respond to this item.

What was the primary reason you became involved with this program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I decided to come in on my own	584	43.1	49.4	49.4
	Someone else recommended that I come in.	535	39.5	45.2	94.6
	I came in against my will.	64	4.7	5.4	100.0
	Total	1183	87.4	100.0	
No Response		171	12.6		
Total		1354	100.0		

ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the Adult Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Adult Survey and “no” if the consumer did not mark the bubble.

For the November 2004 survey period, 69.4% of the consumers responded that they did not need any help in completing the Adult Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	415	30.6	30.6	30.6
	Yes	939	69.4	69.4	100.0
	Total	1354	100.0	100.0	

For the November 2004 survey period, 6.0% of the consumers responded that a mental health advocate / volunteer helped them complete the Adult Survey.

A mental health advocate / volunteer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1273	94.0	94.0	94.0
	Yes	81	6.0	6.0	100.0
	Total	1354	100.0	100.0	

For the November 2004 survey period, 3.1% of the consumers responded that another mental health consumer helped them complete the Adult Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1312	96.9	96.9	96.9
	Yes	42	3.1	3.1	100.0
	Total	1354	100.0	100.0	

For the November 2004 survey period, 4.8% of the consumers responded that a member of their family helped them complete the Adult Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1289	95.2	95.2	95.2
	Yes	65	4.8	4.8	100.0
	Total	1354	100.0	100.0	

For the November 2004 survey period, 1.3% of the consumers responded that a professional interviewer helped them complete the Adult Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1336	98.7	98.7	98.7
	Yes	18	1.3	1.3	100.0
	Total	1354	100.0	100.0	

For the November 2004 survey period, 3.8% of the consumers responded that a clinician / case manager helped them complete the Adult Survey.

My clinician / case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1302	96.2	96.2	96.2
	Yes	52	3.8	3.8	100.0
Total		1354	100.0	100.0	

For the November 2004 survey period, 4.7% of the consumers responded that a staff member other than their clinician or case manager helped them complete the Adult Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1290	95.3	95.3	95.3
	Yes	64	4.7	4.7	100.0
Total		1354	100.0	100.0	

For the November 2004 survey period, 3.2% of the consumers responded that someone else helped them complete the Adult Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1310	96.8	96.8	96.8
	Yes	44	3.2	3.2	100.0
Total		1354	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (*if applicable*)

County staff were expected to complete a “Reason” item if a consumer who met the criteria for the target population did not complete an Adult Survey. Of the 1,775 consumers who were expected to complete an Adult Survey, 421 (23.7%) did not. Of these, 28.9% were reported to have Refused the survey, 5.8% were reported to have had an Impairment, 19.0% did not have a survey available in their Language and 46.3% were marked as having an “Other” reason for non-completion. Additionally, 6.2% of the Adult Surveys that were not completed did not have a “Reason” response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	114	27.1	28.9	28.9
	Impairment	23	5.5	5.8	34.7
	Language	75	17.8	19.0	53.7
	Other	183	43.5	46.3	100.0
	Total	395	93.8	100.0	
No Response		26	6.2		
Total		421	100.0		

MHSIP Consumer Survey

Summary Report

About the MHSIP Consumer Survey

The MHSIP is a 28-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) quality and appropriateness of services received, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The MHSIP was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (www.mhsip.org) that included the direct assistance and feedback of consumers, their families, and mental health advocates. The MHSIP Consumer Survey is currently used in a number of states across the United States.

It is important to remember that the ratings on the MHSIP represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the MHSIP provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the MHSIP portion of the November 2004 Adult Survey. The MHSIP items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the MHSIP subscales (i.e., access to services, quality and appropriateness of services received, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5.

For the tables reflecting categorical groupings of MHSIP averages and MHSIP subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response). The results are highlighted in yellow.

The average scores for each of the MHSIP subscales are reported below.

PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Access to Services” subscale, 32.8% reported that they were Very Satisfied, 48.2% reported they were Satisfied, 16.3% were Neutral, 2.4% were Somewhat Dissatisfied and 0.4% were Dissatisfied. Additionally, for 2.9% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	5	.4	.4	.4
	Somewhat Dissatisfied	31	2.3	2.4	2.7
	Neutral	214	15.8	16.3	19.0
	Satisfied	634	46.8	48.2	67.2
	Very Satisfied	431	31.8	32.8	100.0
	Total	1315	97.1	100.0	
No Response		39	2.9		
Total		1354	100.0		

PERCEPTION OF QUALITY & APPROPRIATENESS

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Quality and Appropriateness” subscale, 34.3% reported that they were Very Satisfied, 50.9% reported they were Satisfied, 13.4% were Neutral, 1.2% were Somewhat Dissatisfied and 0.1% were Dissatisfied. Additionally, for 4.9% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Quality & Appropriateness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	1	.1	.1	.1
	Somewhat Dissatisfied	16	1.2	1.2	1.3
	Neutral	173	12.8	13.4	14.8
	Satisfied	655	48.4	50.9	65.7
	Very Satisfied	442	32.6	34.3	100.0
	Total	1287	95.1	100.0	
No Response		67	4.9		
Total		1354	100.0		

PERCEPTION OF PARTICIPATION IN TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Participation in Treatment Planning” subscale, 27.3% reported that they were Very Satisfied, 46.0% reported they were Satisfied, 21.6% were Neutral, 4.2% were Somewhat Dissatisfied and 0.9% were Dissatisfied. Additionally, for 8.9% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Participation in Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	11	.8	.9	.9
	Somewhat Dissatisfied	52	3.8	4.2	5.1
	Neutral	266	19.6	21.6	26.7
	Satisfied	568	41.9	46.0	72.7
	Very Satisfied	337	24.9	27.3	100.0
	Total	1234	91.1	100.0	
No Response		120	8.9		
Total		1354	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 19.3% reported that they were Very Satisfied, 42.3% reported they were Satisfied, 30.9% were Neutral, 7.0% were Somewhat Dissatisfied and 0.6% were Dissatisfied. Additionally, for 7.6% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	7	.5	.6	.6
	Somewhat Dissatisfied	87	6.4	7.0	7.5
	Neutral	387	28.6	30.9	38.4
	Satisfied	529	39.1	42.3	80.7
	Very Satisfied	241	17.8	19.3	100.0
	Total	1251	92.4	100.0	
No Response		103	7.6		
Total		1354	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 44.0% reported that they were Very Satisfied, 43.0% reported they were Satisfied, 10.6% were Neutral, 1.6% were Somewhat Dissatisfied and 0.8% were Dissatisfied. Additionally, for 1.8% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	11	.8	.8	.8
	Somewhat Dissatisfied	21	1.6	1.6	2.4
	Neutral	141	10.4	10.6	13.0
	Satisfied	572	42.2	43.0	56.0
	Very Satisfied	585	43.2	44.0	100.0
	Total	1330	98.2	100.0	
No Response		24	1.8		
Total		1354	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the surveys within which at least 2/3 of the items that comprise each of the subscales were completed. Overall, respondents indicated that they were “Satisfied” with Access to Services (indicated by a subscale score of 4.13; 1,315 responses), the Quality & Appropriateness of treatment (indicated by a subscale score of 4.17; 1,287 responses), Participation in Treatment Planning (indicated by a subscale score of 4.11; 1,234 responses), Outcomes (indicated by a subscale score of 3.75; 1,251 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.28; 1,330 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	1315	1.00	5.00	4.13	.72
Average: Perception of Quality & Appropriateness	1287	1.44	5.00	4.17	.64
Average: Perception of Treatment Planning	1234	1.00	5.00	4.11	.78
Average: Outcomes	1251	1.13	5.00	3.75	.81
General Satisfaction	1330	1.00	5.00	4.28	.73
Valid N (listwise)	1173				

Quality of Life (QOL)

Summary Report

About the QOL

The QOL is designed to measure quality of life from a consumer's self-reported perspective. The subscales measured include: general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety and health.

It is important to remember that the ratings on the QOL represent a consumer's perceptions. A variety of factors can affect a consumer's quality of life and many of these are out of the control of service providers. However, in our efforts to continually improve services, the QOL can be used as a source of information on issues that are important to consumers.

The following tables present REGIONAL data that were collected and aggregated from the QOL portion of the November 2004 Adult Survey. Most of the QOL items are rated on a seven-point scale, with "7" indicating the greatest satisfaction regarding quality of life. Some of the results reflect the frequencies of ratings for particular QOL items while others reflect averages of the items that comprise each of the QOL subscales (i.e., general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety and health). Using the seven-point response options as a guide, the QOL subscale results can be interpreted using the following average score ranges: 1 – 2.5 = 'Very Dissatisfied', 2.5001 – 3.5 = 'Dissatisfied', 3.5001 – 4.5 = 'Mixed', 4.5001 – 5.5 = 'Satisfied' and 5.5001 – 7.0 = 'Very Satisfied'. As a general guideline, an overall scale score over 4.5 indicates that consumers were satisfied. For the tables reflecting the QOL subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response).

All QOL results are highlighted in yellow

GENERAL LIFE SATISFACTION

For the consumers who responded to the question – "How do you feel about your life in general?" – 7.1% were Delighted, 14.2% were Pleased, 22.2% were Mostly Satisfied, 36.3% were Mixed, 7.4% were Mostly Dissatisfied, 9.4% were Unhappy and 3.4% were Terrible. Additionally, 6.4% of the consumers did not respond to this item.

QOL_1. How do you feel about your life in general?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Terrible	43	3.2	3.4	3.4
	Unhappy	119	8.8	9.4	12.8
	Mostly Dissatisfied	94	6.9	7.4	20.2
	Mixed	460	34.0	36.3	56.5
	Mostly Satisfied	281	20.8	22.2	78.7
	Pleased	180	13.3	14.2	92.9
	Delighted	90	6.6	7.1	100.0
	Total	1267	93.6	100.0	
No Response		87	6.4		
Total		1354	100.0		

LIVING SITUATION

For the consumers who completed at least 2/3 of the items that comprise the “Living Situation” subscale, an average score of 4.68 (1,283 responses) was calculated, indicating “Satisfied” feelings regarding their living situation.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Living Situation	1283	1.00	7.00	4.68	1.48
Valid N (listwise)	1283				

DAILY ACTIVITIES & FUNCTIONING

For the consumers who completed at least 2/3 of the items that comprise the “Daily Activities & Functioning” subscale, an average score of 4.37 (1,268 responses) was calculated, indicating “Mixed” feelings regarding daily activities & functioning.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Daily Activities & Functioning	1268	1.00	7.00	4.37	1.36
Valid N (listwise)	1268				

FAMILY RELATIONS

For the consumers who responded to the question – “In general, how often do you get together with a member of your family?” – 33.3% reported At Least Once a Day, 20.5% reported At Least Once a Week, 15.8% reported At Least Once a Month, 13.8% reported Less than Once a Month, 12.7% reported Not At All and 3.8% reported No Family / Not Applicable. Additionally, 3.8% of the consumers did not respond to this item.

QOL_4. In general, how often do you get together with a member of your family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	157	11.6	12.7	12.7
	Less than once a month	171	12.6	13.8	26.5
	At least once a month	196	14.5	15.8	42.4
	At least once a week	254	18.8	20.5	62.9
	At least once a day	412	30.4	33.3	96.2
	No family / Not applicable	47	3.5	3.8	100.0
	Total	1237	91.4	100.0	
No Response		117	8.6		
Total		1354	100.0		

Average Quality of Life Indicator: Family Relations

For the consumers who completed at least 2/3 of the items that comprise the “Family Relations” subscale, an average score of 4.55 (1,187 responses) was calculated, indicating “Satisfied” feelings regarding family relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Family Relations	1187	1.00	7.00	4.55	1.63
Valid N (listwise)	1187				

SOCIAL RELATIONS

For the consumers who responded to the question – “About how often do you visit with someone who does not live with you?” – 24.9% reported At Least Once a Day, 33.3% reported At Least Once a Week, 16.9% reported At Least Once a Month, 10.2% reported Less than Once a Month, 12.0% reported Not At All and 2.6% reported Not Applicable. Additionally, 7.6% of the consumers did not respond to this item.

QOL_6A. About how often do you visit with someone who does not live with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	150	11.1	12.0	12.0
	Less than once a month	128	9.5	10.2	22.2
	At least once a month	211	15.6	16.9	39.1
	At least once a week	417	30.8	33.3	72.4
	At least once a day	312	23.0	24.9	97.4
	Not applicable	33	2.4	2.6	100.0
	Total	1251	92.4	100.0	
No Response		103	7.6		
Total		1354	100.0		

For the consumers who responded to the question – “About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?” – 30.4% reported At Least Once a Day, 14.9% reported At Least Once a Week, 7.0% reported At Least Once a Month, 5.8% reported Less than Once a Month, 25.1% reported Not At All and 16.8% reported Not Applicable. Additionally, 11.7% of the consumers did not respond to this item.

QOL_6B. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	300	22.2	25.1	25.1
	Less than once a month	69	5.1	5.8	30.9
	At least once a month	84	6.2	7.0	37.9
	At least once a week	178	13.1	14.9	52.8
	At least once a day	363	26.8	30.4	83.2
	Not applicable	201	14.8	16.8	100.0
	Total	1195	88.3	100.0	
No Response		159	11.7		
Total		1354	100.0		

Average Quality of Life Indicator: Social Relations

For the consumers who completed at least 2/3 of the items that comprise the “Social Relations” subscale, an average score of 4.42 (1,186 responses) was calculated, indicating “Mixed” feelings regarding social relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Social Relations	1186	1.00	7.00	4.42	1.34
Valid N (listwise)	1186				

FINANCES

On the Adult Survey, 75.5% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover food expenses. Additionally, 6.6% of the consumers did not respond to this item.

QOL_8A. During the past month, did you generally have enough money to cover food?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	310	22.9	24.5	24.5
	Yes	954	70.5	75.5	100.0
	Total	1264	93.4	100.0	
No Response		90	6.6		
Total		1354	100.0		

On the Adult Survey, 61.5% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover clothing expenses. Additionally, 7.5% of the consumers did not respond to this item.

QOL_8B. During the past month, did you generally have enough money to cover clothing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	482	35.6	38.5	38.5
	Yes	771	56.9	61.5	100.0
	Total	1253	92.5	100.0	
No Response		101	7.5		
Total		1354	100.0		

On the Adult Survey, 82.3% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover housing expenses. Additionally, 8.6% of the consumers did not respond to this item.

QOL_8C. During the past month, did you generally have enough money to cover housing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	219	16.2	17.7	17.7
	Yes	1018	75.2	82.3	100.0
	Total	1237	91.4	100.0	
No Response		117	8.6		
Total		1354	100.0		

On the Adult Survey, 60.0% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover transportation expenses. Additionally, 7.8% of the consumers did not respond to this item.

QOL_8D. During the past month, did you generally have enough money to cover traveling around for things like shopping, medical appointments, or visiting friends and relatives?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	499	36.9	40.0	40.0
	Yes	750	55.4	60.0	100.0
	Total	1249	92.2	100.0	
No Response		105	7.8		
Total		1354	100.0		

On the Adult Survey, 41.5% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover social activity expenses. Additionally, 8.6% of the consumers did not respond to this item.

QOL_8E. During the past month, did you generally have enough money for social activities like movies or eating in restaurants?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	724	53.5	58.5	58.5
	Yes	514	38.0	41.5	100.0
	Total	1238	91.4	100.0	
No Response		116	8.6		
Total		1354	100.0		

LEGAL & SAFETY

For the November 2004 survey period, 94.1% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any violent crimes in the month prior to completing the Adult Survey. Additionally, 6.7% of the consumers did not respond to this item.

QOL_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1188	87.7	94.1	94.1
	Yes	75	5.5	5.9	100.0
	Total	1263	93.3	100.0	
No Response		91	6.7		
Total		1354	100.0		

For the November 2004 survey period, 86.8% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any non-violent crimes in the month prior to completing the Adult Survey. Additionally, 8.0% of the consumers did not respond to this item.

QOL_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1081	79.8	86.8	86.8
	Yes	165	12.2	13.2	100.0
	Total	1246	92.0	100.0	
No Response		108	8.0		
Total		1354	100.0		

For the November 2004 survey period, 97.2% of the consumers who responded to the relevant survey items reported that they had NOT been arrested for any crimes in the month prior to completing the Adult Survey. Additionally, 8.6% of the consumers did not respond to this item.

QOL_10. In the past month, how many times have you been arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	1203	88.8	97.2	97.2
	1 arrest	20	1.5	1.6	98.8
	2 arrests	2	.1	.2	98.9
	3 arrests	6	.4	.5	99.4
	4 or more arrests	7	.5	.6	100.0
	Total	1238	91.4	100.0	
No Response		116	8.6		
Total		1354	100.0		

Average Quality of Life Indicator: Legal & Safety

For the consumers who completed at least 2/3 of the items that comprise the “Legal & Safety” subscale, an average score of 4.98 (1,250 responses) was calculated, indicating “Satisfied” feelings regarding legal & safety issues.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Legal & Safety	1250	1.00	7.00	4.98	1.30
Valid N (listwise)	1250				

HEALTH

For the consumers who completed at least 2/3 of the items that comprise the “Health” subscale, an average score of 3.99 (1,260 responses) was calculated, indicating “Mixed” feelings regarding health status.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Health	1260	1.00	7.00	3.99	1.50
Valid N (listwise)	1260				

ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.** Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

**START
HERE** →

Approximately, how long have you received services here?

- This is my first visit here. 1 - 2 Months More than 1 year
- I have had more than one visit but I have received services for less than one month. 3 - 5 Months 6 months to 1 year

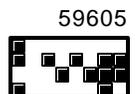
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>				
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>				
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>				
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>				
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>				
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>				
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>				
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>				
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>				
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>				
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>				
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>				
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>				
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>				
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>				
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>				
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>				
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>				
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>				
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>				

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

--	--	--	--	--	--	--	--	--	--

A	-	E	N
---	---	---	---



CSI County Client Number
Must be entered on EVERY page

As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>				
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>				
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>				
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>				
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>				
26. I do better in school and /or work.	<input type="radio"/>	<input type="radio"/>				
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>				
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>				
29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.						

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Living Situation	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
2. Think about your current living situation. How do you feel about:							
A. The living arrangements where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The privacy you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The prospect of staying on where you currently live for a long period of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

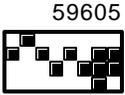
Daily Activities & Functioning	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
3. Think about how you spend your spare time. How do you feel about:							
A. The way you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of relaxation in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
4. In general, how often do you get together with a member of your family? <input type="radio"/> at least once a day <input type="radio"/> at least once a month <input type="radio"/> not at all <input type="radio"/> at least once a week <input type="radio"/> less than once a month <input type="radio"/> no family / not applicable								
5. How do you feel about:								
A. The way you and your family act toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The way things are in general between you and your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUED ON NEXT PAGE...

--	--	--	--	--	--	--	--	--	--

CSI County Client Number
Must be entered on EVERY page



Social Relations

6. About how often do you do the following?

- A. Visit with someone who does not live with you?
 at least once a day at least once a month not at all
 at least once a week less than once a month not applicable
- B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?
 at least once a day at least once a month not at all
 at least once a week less than once a month not applicable

7. How do you feel about:

- | | Terrible | Unhappy | Mostly
Dissatisfied | Mixed | Mostly
Satisfied | Pleased | Delighted | Not
Applicable |
|--|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------------|-----------------------|-----------------------|---------------------------|
| A. The things you do with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. The amount of time you spend with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The people you see socially? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. The amount of friendship in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Finances

8. During the past month, did you generally have enough money to cover the following items?

- | | No | Yes |
|--|-----------------------|-----------------------|
| A. Food? | <input type="radio"/> | <input type="radio"/> |
| B. Clothing? | <input type="radio"/> | <input type="radio"/> |
| C. Housing? | <input type="radio"/> | <input type="radio"/> |
| D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives? | <input type="radio"/> | <input type="radio"/> |
| E. Social activities like movies or eating in restaurants? | <input type="radio"/> | <input type="radio"/> |

Legal & Safety

9. In the past MONTH, were you a victim of:

- | | No | Yes |
|---|-----------------------|-----------------------|
| A. Any violent crimes such as assault, rape, mugging or robbery? | <input type="radio"/> | <input type="radio"/> |
| B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated? | <input type="radio"/> | <input type="radio"/> |

10. In the past MONTH, how many times have you been arrested for any crimes?

- No arrests 1 arrest 2 arrests 3 arrests 4 or more arrests

11. How do you feel about:

- | | Terrible | Unhappy | Mostly
Dissatisfied | Mixed | Mostly
Satisfied | Pleased | Delighted |
|--|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------------|-----------------------|-----------------------|
| A. How safe you are on the streets in your neighborhood? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. How safe you are where you live? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The protection you have against being robbed or attacked? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Health

12. How do you feel about:

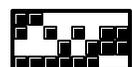
- | | Terrible | Unhappy | Mostly
Dissatisfied | Mixed | Mostly
Satisfied | Pleased | Delighted |
|-------------------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------------|-----------------------|-----------------------|
| A. Your health in general? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Your physical condition? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Your emotional well-being? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CONTINUED ON NEXT PAGE...

--	--	--	--	--	--	--	--	--	--

CSI County Client Number
 Must be entered on EVERY page

59605



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

- 1. What is your gender? Female Male Other
- 2. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
- 3. What is your race? **(Please check all that apply.)**
 - White / Caucasian American Indian / Alaskan Native Unknown
 - Black / African American Native Hawaiian / Other Pacific Islander
 - Asian Other
- 4. What is your date of birth? **(Write it in the boxes AND fill in the circles that correspond. See Example.)**

Date of Birth (mm-dd-yyyy)

	□	□	-	□	□	-	□	□	□	□
0	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1967:

1. Write in your date of birth → **04 - 30 - 1967**

2. Fill in the corresponding circles

0	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- 5. Were the services you received provided in the language you prefer? Yes No
- 6. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
- 7. What was the primary reason you became involved with this program? **(Choose one):**
 - I decided to come in on my own.
 - Someone else recommended that I come in.
 - I came in against my will.
- 8. Please identify who helped you complete any part of this survey **(Choose all that apply):**
 - I did not need any help.
 - A mental health advocate / volunteer helped me.
 - Another mental health consumer helped me.
 - A member of my family helped me.
 - A professional interviewer helped me.
 - My clinician / case manager helped me.
 - A staff member other than my clinician or case manager helped me.
 - Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

Ref Imp Lan Oth

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number
Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

59605

