

FAMILY SATISFACTION SURVEY

We want to know what you think about the *mental health and/or substance use services* your child received *in the last 6 months* so that we may provide the best possible services. The parent or guardian who had the most contact with your child’s service provider(s) should fill out this survey. 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* your child received *in the last 6 months* by circling the number that best represents your opinion. If the statement is about something you or your child have not experienced, answer “N/A” to indicate it is not applicable to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	1	2	3	4	5	N/A
2. I helped to choose my child’s services.	1	2	3	4	5	N/A
3. I helped to choose my child’s treatment goals.	1	2	3	4	5	N/A
4. The people helping my child stuck with us no matter what.	1	2	3	4	5	N/A
5. I felt my child had someone to talk to when he or she was troubled.	1	2	3	4	5	N/A
6. I participated in my child’s treatment.	1	2	3	4	5	N/A
7. The services my child and/or family received were right for us.	1	2	3	4	5	N/A
8. The location of services was convenient for us.	1	2	3	4	5	N/A
9. Services were available at times that were convenient for us.	1	2	3	4	5	N/A
10. My family got the help we wanted for my child.	1	2	3	4	5	N/A
11. My family got as much help as we needed for my child.	1	2	3	4	5	N/A
12. Staff treated me with respect.	1	2	3	4	5	N/A
13. Staff respected my family’s religious or spiritual beliefs.	1	2	3	4	5	N/A
14. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15. Staff were sensitive to my cultural or ethnic background.	1	2	3	4	5	N/A

Section 2: As a result of the mental health and/or substance use services my child received in the last 6 months

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. My child is better at handling daily life.	1	2	3	4	5	N/A
17. My child gets along better with family members.	1	2	3	4	5	N/A
18. My child gets along better with friends and other people.	1	2	3	4	5	N/A
19. My child is doing better in school and/or work.	1	2	3	4	5	N/A
20. My child is better able to cope when things go wrong.	1	2	3	4	5	N/A
21. I am satisfied with our family life right now.	1	2	3	4	5	N/A
22. My child is better able to do things he/she wants to do.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your child's mental health and/or substance use providers.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24. I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5	N/A
25. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

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

27. Is your child currently receiving mental health and/or substance use services?

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

28. How long has your child received these services?

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

29. What is your child's gender?

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

30. What is your child's age? _____ years

31. What is your child's racial background? (Please select all that apply)

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

32. Is your child of Mexican, Hispanic or Latino origin?

- 1 = Yes 2 = No 3 = Unknown

33. What county does your child currently live in? _____

34. Do you have any other comments about the services your child 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: (select all that apply) CCS CST FEP