

## Mental Health Statistics Improvement Program (MHSIP) FAMILY SATISFACTION SURVEY

To provide the best possible mental health and substance use services, we want to know what you think about the services your child received *in the past 6 months*. 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 are confidential and will not be linked to the mental health and/or substance use services your child receives.

Please indicate how much you agree or disagree with each of the following statements by circling the number (from "1"=Strongly Agree to "5"=Strongly Disagree) that best represents your opinion. If the statement is about something you or your child have not experienced, circle "N/A" to indicate that this item does not apply to you.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
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

**Questions 16-22: As a direct result of the mental health and/or substance use services my child received ...**

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
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

**Questions 23-26: Please tell us about the current relationships you have with persons other than your child's mental health and/or substance use provider(s).**

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
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

**Questions 27-35: 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      2 = Substance Use only      3 = Mental Health and Substance Use services

28. How long has your child received these services?  
 1 = Less than 6 months      3 = 1 year to 2 years  
 2 = 6 months to 1 year      4 = More than 2 years

29. Does your child currently live with one or both parents?  
 1 = Yes      2 = No

30. What is your child's gender?  
 1 = Female      2 = Male      3 = Trans female      4 = Trans male  
 5 = Other (Please state: \_\_\_\_\_)

31. What is your child's age? \_\_\_\_\_ years

32. What is your child's race or ethnic background? (Circle the one that applies best.)  
 1 = American Indian/Alaska Native      5 = White/Caucasian  
 2 = Asian      6 = More than one race or ethnic group  
 3 = Black/African American      7 = Other (describe: \_\_\_\_\_)  
 4 = Native Hawaiian/Pacific Islander

33. Do you consider your child Hispanic or Latino/a?  
 1 = Yes      2 = No

34. What Wisconsin county does your child currently live in? \_\_\_\_\_ County, WI

35. Do you have any other comments about the services your child received in the last 6 months?

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**Thank you for your time and cooperation in completing this survey!**

[This survey was created by the Mental Health Statistics Improvement Program (MHSIP) in 2001.]