

Mental Health Statistics Improvement Program (MHSIP)

ADULT SATISFACTION SURVEY

We would like to know what you think about the *mental health and/or substance use disorder services* you received *in the last 6 months* so that we may provide the best possible services. You may have also received care for physical health issues in the last year, but please do not think about that care when responding to this survey. Do not write your name or address on this survey. Your answers are confidential and will not be linked to any of the services you receive.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the services you received *in the last 6 months* by circling the number that best represents your opinion. If the question is about something you have not experienced, circle "N/A" to indicate that this item is not applicable to you.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received.	1	2	3	4	5	N/A
2. If I had other choices, I would still get services from the same agency.	1	2	3	4	5	N/A
3. I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff was willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls in 24 hours.	1	2	3	4	5	N/A
7. Services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff believed that I could grow, change, and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I lived my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A

Section 1 (Continued from first page)...						
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18. Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use disorder condition.	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	1	2	3	4	5	N/A

Section 2: As a direct result of the <i>mental health and/or substance use disorder services you received in the last 6 months</i>, please indicate how much you agree or disagree with each of the following statements by circling the number that best represents your opinion.						
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	1	2	3	4	5	N/A
22. I am better able to control my life.	1	2	3	4	5	N/A
23. I am better able to deal with crisis.	1	2	3	4	5	N/A
24. I am getting along better with my family.	1	2	3	4	5	N/A
25. I do better in social situations.	1	2	3	4	5	N/A
26. I do better in school and/or work.	1	2	3	4	5	N/A
27. My housing situation has improved.	1	2	3	4	5	N/A
28. My symptoms are not bothering me as much.	1	2	3	4	5	N/A
29. I do things that are more meaningful to me.	1	2	3	4	5	N/A
30. I am better able to take care of my needs	1	2	3	4	5	N/A
31. I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32. I am better able to do things that I want to do.	1	2	3	4	5	N/A

Section 3: The following items are about the current relationships you have with people other than your mental health and/or substance use provider(s). Please indicate how much you agree or disagree with each of the following statements by circling the number that best represents your opinion.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.	1	2	3	4	5	N/A
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35. I feel I belong in my community.	1	2	3	4	5	N/A
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

Section 4:

37. Are there other issues related to how services help or hinder your recovery? Please explain.

Section 5: Please answer the following questions to let us know a little about you. We are asking you to provide this information so we are able to have a general description of the participants taking this survey.

Please circle the answer that best fits your response to the question or write in your answer on the line provided.

38. What is your gender?

1 = Female

3 = Trans female

5 = Other - Please state:

2 = Male

4 = Trans male

39. What is your age? _____ years

40. What is your race or ethnic background? (Please circle the one that applies best.)

1 = American Indian or Alaska Native

5 = White/Caucasian

2 = Asian

6 = More than one race or ethnic group

3 = Black or African American

7 = Other - Please state:

4 = Native Hawaiian or Pacific Islander
