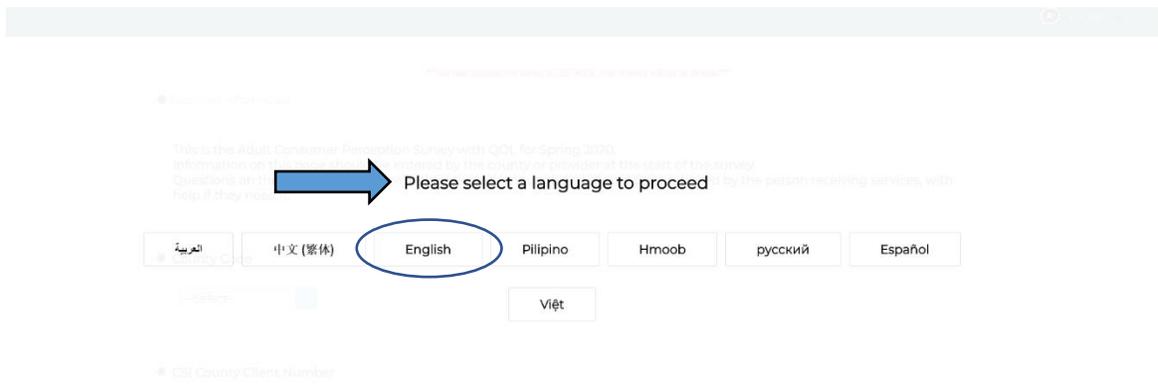


How to Fill Out the Electronic Version of the Consumer Perception Survey

1. Click the survey link or view the QR code that is shared with you by the staff at the clinic where you receive services. If you have a smartphone or tablet, you can hold the camera on that device up to the QR code and it will take you right to the survey.
2. Once you access the online survey, you will see this page. Click the box with the language that you would prefer to take the survey in. For example, if you wish to take the survey in English, click the box that says “English”.

(Note: This image is from a test survey. The actual survey will also include Armenian, Farsi, Khmer, and Korean)



3. After you select the language, you will see the first page of the survey. The first item is the County Code.

* County Code



* County Code



Click on the down arrow and then scroll down to select 19 - Los Angeles. You can also type 19 and it will go straight to that option.

- The next item is the CSI County Client Number. Enter the number according to the instructions the staff member assisting you provided. If the staff assisting you did not give you a specific number, you can also type in nine 0s (i.e., 000000000). You have to enter nine numbers in this box or the survey will not move on to the next page.

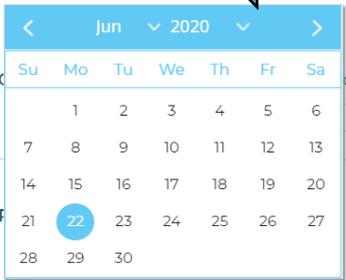
* CSI County Client Number

 Enter your answer in "#####" format where # is number

- The next item is the date on which you are taking the survey. The survey should have the date preloaded with today's date. If not, click on the calendar icon next to the field and select the date.

Date of Survey Administration:

06/22/2020  [mm/dd/yyyy]



A blue arrow points to the calendar icon in the date field.

- The next item is the County Reporting Unit. Enter the number according to the instructions the staff member assisting you provided.

County Reporting Unit. Please enter up to 9 alphanumeric characters representing your County Reporting Unit, if applicable.

- Once these 4 questions are answered, scroll to the bottom of the screen and click the Next button. You can ignore the other questions on the page.

County Question #3

You have accessed this survey in TEST MODE. Your answers will not be recorded

Clear answers on page



8. Once you click the Next button, you'll be taken to the page with the satisfaction questions. Please answer all the questions on that page by clicking in the circle of the option that best fits for that item. For example, for "I like the services that I received here.", do you strongly agree, agree, feel neutral, disagree or strongly disagree with that statement or feel it is not applicable?

Repeat this process for the rest of the items on the page. You can skip any items you do not wish to answer.

[MHSIP Consumer Survey](#)

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.

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, select **Not Applicable** to indicate that this item does not apply to you.

| | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I like the services that I received here. | <input type="radio"/> |



9. When you have completed the satisfaction items, again click the Next button at the bottom of the page.



10. When you click the Next button, you will be taken to the next page. Click the circle next to the option that best matches how long you have received services at the clinic and then click Next at the bottom of the screen. You can also click the Back button if you choose to review or change any of your responses.



Approximately, how long have you received services here?

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

You have accessed this survey in TEST MODE. Your answers will not be recorded



Continue completing the questions on the next page about your experiences since you began to receive services or skip any you choose not to answer.

Clicking the Next button will take you to the last page of the survey, where you will see questions that will ask you to describe yourself. Click in the circle or check the boxes of the option(s) that best fits each question or skip any you do not wish to answer.

11. The last question is an open-ended comment field where you can give feedback regarding your services. Please be as open and honest as you can. If you are in crisis, please speak immediately with your therapist or a clinic manager as what is written in this box will not be reviewed for immediate response.

Please provide comments here. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.



Characters Remaining: 2000

12. When you have completed the survey items on this page, scroll to the bottom to click the Submit button.

Back Clear answers on page Submit



100%

13. You should be taken to a page that shows a confirmation that the survey has been submitted and your response has been recorded.

Thank you!

Thank you for your participation. If you have additional questions about this survey, please email sspangler@cibhs.org.

Your response has been recorded.

Thank you so much for your valuable participation and giving your feedback on the survey – it will help us to improve our services!