

OLDER ADULT SURVEY Spring 2020

ENGLISH Without QOL



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 X

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.

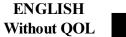
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	0	0	0	0	0	0
2. If I had other choices, I would still get services from this agency.	0	0	0	0	0	0
3. I would recommend this agency to a friend or family member.	0	0	0	0	0	0
4. The location of services was convenient (parking, public transportation, distance, etc.).	0	0	0	0	0	0
5. Staff were willing to see me as often as I felt it was necessary.	0	0	0	0	0	0
6. Staff returned my calls within 24 hours.	0	0	0	0	0	0
7. Services were available at times that were good for me.	0	0	0	0	0	0
8. I was able to get all the services I thought I needed.	0	0	0	0	0	0
9. I was able to see a psychiatrist when I wanted	to. O	0	0	0	0	0
10. Staff here believe that I can grow, change and recover.	0	0	0	0	0	0
11. I felt comfortable asking questions about my treatment and medication.	0	0	0	0	0	0
12. I felt free to complain.	0	0	0	0	0	0
13. I was given information about my rights.	0	0	0	0	0	0
14. Staff encouraged me to take responsibility for how I live my life.	0	0	0	0	0	0
15. Staff told me what side effects to watch out for	or. O	0	0	0	0	0
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	0	0	0	0	0	0
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	d o	0	0	0	0	0
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	0	0	0	0	0	0

*This 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...







20. I was encouraged to use consumer-run	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
programs (support groups, drop-in centers, crisis phone line, etc.). As a direct result of the services I received	O	0	0	0	0	0
		\circ	\circ	0	\circ	\circ
21. I deal more effectively with daily problems.	0	0	0	0	0	0
22. I am better able to control my life.	0	0	0	0	0	0
23. I am better able to deal with crisis.	0	0	0	0	0	0
24. I am getting along better with my family.	0	0	0	0	0	0
25. I do better in social situations.	0	0	0	0	0	0
26. I do better in school and /or work.	0	0	0	0	0	0
27. My housing situation has improved.	0	0	0	0	0	0
28. My symptoms are not bothering me as much	n. O	0	0	0	0	0
29. I do things that are more meaningful to me.	0	0	0	0	0	0
30. I am better able to take care of my needs.	0	0	0	0	0	0
31. I am better able to handle things when they go wrong.	0	0	0	0	0	0
32. I am better able to do things that I want to d	ło. O	0	0	0	0	0
For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
As a direct result of the services I received 33. I am happy with the friendships I have.	<u>d:</u> 0	0	0	0	0	0
34. I have people with whom I can do enjoyable things.	0	0	0	0	0	0
35. I feel I belong in my community.	0	0	0	0	0	0
36. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0

CONTINUED ON NEXT PAGE...









Please answer the following questions to let us know how you are doing.

1.	Approximately, how long have you rece O This is my first visit here. O I have had more than one visit but I hav received services for less than one month	01 - 2 N	Ionths	○ More tha	an 1 year
leas	se answer Questions #2 - 4 if you have b	een receiving servi	ices for ONE	YEAR OF	R LESS. If
ou l	have been receiving services for "MORE	E THAN ONE YE	AR," please	SKIP to Qu	uestions #5
2.	Were you arrested since you began to re	eceive mental heal	th services?	O Yes	O No
3.	Were you arrested during the 12 months	s prior to that?	Yes ONe	0	
4.	Since you began to receive mental healt	th services, have yo	our encounte	rs with the	police
	O been reduced (for example, I have no	t been arrested, hass	led by police,	taken by po	lice to a
	O stayed the same shelter of crisis progra	m)		, ,	
	Oincreased				
	O not applicable (I had no police encoun	ters this year or last	year) SKIP to	Question #	8, below
leas	se answer Questions #5 - 7 only if you ha				
MO	RE THAN ONE YEAR".				
5.	Were you arrested during the last 12 mo	onths? • Yes	0 No		
6.	Were you arrested during the 12 months	s prior to that? O	Yes ON	О	
7.	Over the last year, have your encounter	_			
	O been reduced (for example, I have no		sled by police,	taken by po	lice to a
	O stayed the same shelter or crisis progr	am)			
	O stayed the same				
	O increased				
	•	ters this year or last	year)		
Plea	O increased O not applicable (I had no police encoun			you.	
	 increased not applicable (I had no police encounase answer the following questions 			you.	
8.	 increased not applicable (I had no police encounase answer the following questions) 	to let us know a Iale O Other	little about	you. O Unknow	<i>y</i> n
8. 9.	 ○ increased ○ not applicable (I had no police encountage answer the following questions) What is your gender? ○ Female ○ Note and of Mexican / Hispanic / Latin 	to let us know a Male Other o origin? OYes	little about		<i>7</i> n
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CSI County Client Number

Must be entered on EVERY page

13. 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? OYes ONo 14. What was the primary reason you became involved with this program? (Mark one): OI decided to come in on my own. OSomeone else recommended that I come in. OI came in against my will. 15. Please identify who helped you complete any part of this survey (Mark all that apply): OI did not need any help. OA mental health advocate / volunteer helped me. OA member of my family helped me. OA professional interviewer helped me. OA the professional interviewer helped me. OA the professional interviewer helped me. OA member of my family helped me. OA professional interviewer helped me. OA member of my family helped me. OA professional interviewer helped me. OB of the professiona	12.	2. Were the services you received provided in the	he la	nguag	ge you p	orefer?	O Yes	3	ΟN	O
O I decided to come in on my own. ○ Someone else recommended that I come in. ○ I came in against my will. 15. Please identify who helped you complete any part of this survey (Mark all that apply): ○ I did not need any help. ○ A mental health advocate / volunteer helped me. ○ A mental health consumer helped me. ○ A nother mental health consumer helped me. ○ A professional interviewer helped me. ○ A staff member other than my clinician or case manager helped me. ○ Someone else helped me. ○ Someone else helped me. ○ Who?: ○ Someone else helped me. ○ Someone else helped me.		consumer, and mental health education mate	scribi erials)	ing av) avail	ailable able to	services you in	s, your r the lang	rights guage	as a you	
O I did not need any help. O A mental health advocate / volunteer helped me. O Another mental health consumer helped me. O A professional interviewer helped me. O A staff member other than my clinician of case manager helped me. Someone else helped me. Who?: Nho?: Someone else helped me. O Someone else helped me. O Someone else helped me. Someone else helped me. O Someone else helped me. Someone else helped me. O Someone else helped me. Someon	14.	O I decided to come in on my own. O Someone else recommended that I come in.		ed with	h this p	orogram	? (Mark	cone)):	
interested in both positive and negative feedback. Also, if there are areas which were no 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. Thank you for taking the time to answer these questions! FOR OFFICE USE ONLY: REQUIRED Information: County Code: Date of Survey Administration: Date of Survey Administration: Reason (if applicable): Reason (if applicable): Reason (if applicable): Ref O Imp O Lan O Oth Make sure the same CSI County Client Number is written on all pages of this survey.	15.	 I did not need any help. A mental health advocate / volunteer helped in Another mental health consumer helped me. A member of my family helped me. 	• -	O My O A s or O Sor	clinicia: staff mer case ma neone e	n / case mber oth nager he	manage: ner than elped me ed me.	r help my cl	ed m inicia	
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