

OLDER ADULT SURVEY Spring 2022

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

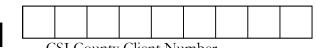
MHSIP Consumer Survey*:

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 0	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...



DHCS 1741 EN (05/13)





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.).	0	0	0	0	0	0
As a direct result of the services I received	<u>d:</u>					
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	do. 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	d:					
33. I am happy with the friendships I have.	_ 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

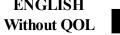
CONTINUED ON NEXT PAGE...











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

1.	1. Approximately, how long have you received set O This is my first visit here.	ervices here? • 1 - 2 Months	O More than 1 year
	O I have had more than one visit but I have	0 3 - 5 Months	o More than 1 year
1	received services for less than one month.	O 6 months to 1 year	TATAD OD LECC. IC
	ease answer Questions #2 - 4 if you have been recuired u have been receiving services for "MORE THA"		
	2. Were you arrested since you began to receive		
	3. Were you arrested during the 12 months prior		
	4. Since you began to receive mental health servi		
••	O been reduced (for example, I have not been a	·	_
	shelter or crisis program) O stayed the same	arrested, massied by ponec,	taken by ponce to a
	Oincreased		_
	O not applicable (I had no police encounters this	s year or last year) SKIP to	Question #8, below
lea	ease answer Questions #5 - 7 only if you have bee		
	ORE THAN ONE YEAR".	in receiving meman near	th services for
	5. Were you arrested during the last 12 months?	O Yes O No	
6.	6. Were you arrested during the 12 months prior	to that? OYes ON	Jo
7.	7. Over the last year, have your encounters with	the police	
	O been reduced (for example, I have not been a	arrested, hassled by police,	, taken by police to a
	O stayed the same shelter or crisis program)		
	O increased		
	O not applicable (I had no police encounters this	s year or last year)	
Plea	lease answer the following questions to let	us know a little abou	t you.
8.	8. What is your gender? O Female O Male	O Other	
9.	9. Are you of Mexican / Hispanic / Latino origin	n? OYes ONo	O Unknown
10.	0. What is your race? (Please check all that apply.)		
	O American Indian / Alaskan Native O Native I	Hawaiian / Other Pacific 1	Islander O Unknown
		Caucasian	
11	O Black / African American O Other 1. What is your date of birth? (Write it in the boxe)	s AND fill in the circles th	nat correspond)
11.	Date of Birth (mm-dd-yyyy)	XAMPLE: Date of birth on A	<u> April 30, 1937:</u>
	1.	\A/\\	(mm-dd-yyyy)
	$0 \hspace{0.1cm} \bullet \hspace{0.1cm} \hspace{0.1cm} \bullet \hspace{0.1cm} \hspace{0.1cm} \hspace{0.1cm} \bullet \hspace{0.1cm} \hspace{0.1cm} \hspace{0.1cm} \bullet \hspace{0.1cm} \hspace{0.1cm} \hspace{0.1cm} \hspace{0.1cm} \hspace{0.1cm} 0.1$	date of birth	- <mark>1 9 3 7</mark> - 0000
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1 00 00	●000
	3 00 00 0000 1 00 00 0000	Fill in the 3 ○○ ●○	
	4 00 00 0000		0000
	5 6 6 6 6 6 6		
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 00 00	0000
	6 00 00 0000 7 00 00 0000 8 00 00 0000	6 00 00 7 00 00 8 00 00	0000 000 ⊕ 0000
	8 0 0 0 0 0 0 0 9 0 0 0 0 0 0 0	6 00 00 7 00 00	0000 000 • 0000 0 • 00

Page 3 of 4

CSI County Client Number
Must be entered on EVERY page

12. Were the services you received provided in	
	n the language you prefer? \circ Yes \circ No
	describing available services, your rights as a aterials) available to you in the language you
 14. What was the primary reason you became O I decided to come in on my own. O Someone else recommended that I come O I came in against my will. 	,
 15. Please identify who helped you complete to I did not need any help. O A mental health advocate / volunteer helped O Another mental health consumer helped m O A member of my family helped me. O A professional interviewer helped me. 	O My clinician / case manager helped me. O My clinician / case manager helped me. O A staff member other than my clinician or case manager helped me.
<u>-</u>	eedback. Also, if there are areas which were not feel should have been, please write them here.
Thank you for taking the to	ime to answer these questions!
FOR OFFICE USE ONLY:	
FOR OFFICE USE ONLY: REQUIRED Information: County Code: Date of Survey Administration:	Optional County Questions: County Question #1 (mark only ONE bubble): 01 02 03 04 05 06 07 08 09 010 11 012 013 014 015 016 017 018 019 020
FOR OFFICE USE ONLY: REQUIRED Information: County Code:	Optional County Questions: County Question #1 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10