

English

For FIELD-BASED SERVICES ONLY
Los Angeles County - Department of Mental Health

Youth Survey
(13 - 17
Years Old)

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, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

Example: ● Correct ⊗ ⊘ ○ Incorrect

Survey table with 7 rows of statements and 6 columns of response options: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, Not Applicable.

Birthdate form with fields for Month, Date, and Year (19).

What is your race? form with options: American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White/Caucasian, Other, Unknown.

Gender and Mexican/Hispanic/Latino origin forms.

FOR OFFICE USE ONLY

Client MIS/IS Number form (7 digit grid).

Clinic IS Number form (4 digit grid).

Service Area form (1 digit grid).

Reason form with options: REFUSED, IMPAIRED, LANG, OTHER.

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