

English

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

Family Survey
(0 - 17 Years Old)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence the 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

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1	I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	My child is doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Birthdate							
Month		Date		Year			
				1	9		

What is your race?			
(Please mark all that apply)			
<input type="radio"/>	American Indian/ Alaskan Native	<input type="radio"/>	Native Hawaiian / Other Pacific Islander
<input type="radio"/>	Asian	<input type="radio"/>	White / Caucasian
<input type="radio"/>	Black / African American	<input type="radio"/>	Other
		<input type="radio"/>	Unknown

What is your gender?	
<input type="radio"/>	Female
<input type="radio"/>	Male
<input type="radio"/>	Other

Are you of Mexican / Hispanic / Latino origin?	
<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Unknown

FOR OFFICE USE ONLY

Client MIS/IS Number						

Clinic IS Number			

Service Area

Reason	
<input type="radio"/>	REFUSED
<input type="radio"/>	IMPAIRED
<input type="radio"/>	LANG
<input type="radio"/>	OTHER

MAY 2009

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