## **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: • Co							orrect		⊗			ect			
								Strongly Disagree	Disa	gree	Undecided	A	Agree	Strongly Agree	Not Applicable	
1	I felt I had someone to talk to when I was troubled.							0	С	)	0		0	0	0	
2	The location of services was convenient for me.							0		)	0		0	0	0	
3	Services were available at times that were convenient for me.							0		)	0		0	0	0	
4	Staff were sensitive to my cultural / ethnic background.							0		)	0		0	0	0	
5	I get along better with family members.							0		)	0		0	0	0	
6	I am doing better in school and / or work.							0	(		0		0	0	0	
7	In a crisis, I would have the support I need from family or friends.							0		)	0		0	0	0	
	Birthdate							What is your race?								
	Month Date Year						1		(Please mark all that apply)							
								<u> </u>	0	American Indian/ Alaskan Native			0	Native Hawaiian / Other Pacific Islander		
					Are you of Mexica				0	Asian			0	White / Cauca	White / Caucasian	
	What is your gender?				/ Hispanic / Latino origin?				0	Black / African American			0	Other		
	Female				O Yes				'				0	Unknown		
	○ Male ○ Other				O No											
	Other Onknown															
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