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| **Agency/Facility** | **Program** | **Date Completed** | **□ BHH Client** |

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| **For each box, put an🗙in the circle that applies to you.** | | |
| Gender  * Male * Female | **Age**   * 20 and under * 21-24 * 25-34 * 35-54 * 55-64 * 65 and older | **Primary reason for receiving services**   * + Emotional/Mental Health   + Alcohol or Drugs   + Both Emotional/Mental Health and Alcohol or Drugs |
| Race  * American Indian/Native Alaskan * Asian * Black/African American * Native Hawaiian/Other Pacific Islander * White/Caucasian * Unknown * Other: | Ethnicity  * Hispanic-Other * Non-Hispanic * Hispanic-Puerto Rican * Hispanic-Mexican * Hispanic-Cuban * Unknown | **Length of Service**   * Less than 1 year * 12 months to 2 years * 2 years to 5 years * More than 5 years |

| **For each item, circle the answer that matches your view.** | | **Strongly**  **Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly**  **Disagree** | **Not**  **Applicable** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | I like the services that I received here. | SA | A | N | D | SD | NA |
| 2. | If I had other choices, I would still get services from this agency. | SA | A | N | D | SD | NA |
| 3. | I would recommend this agency to a friend or family member. | SA | A | N | D | SD | NA |
| 4. | The location of services was convenient (parking, public transportation, distance, etc.) | SA | A | N | D | SD | NA |
| 5. | Staff was willing to see me as often as I felt was necessary. | SA | A | N | D | SD | NA |
| 6. | Staff returned my calls within 24 hours. | SA | A | N | D | SD | NA |
| 7. | Services were available at times that were good for me. | SA | A | N | D | SD | NA |
| 8. | Staff here believes that I can grow, change, and recover. | SA | A | N | D | SD | NA |
| 9. | I felt comfortable asking questions about my services, treatment or medication | SA | A | N | D | SD | NA |
| 10. | I felt free to complain. | SA | A | N | D | SD | NA |
| 11. | I was given information about my rights. | SA | A | N | D | SD | NA |
| 12. | Staff told me what side effects to watch out for. | SA | A | N | D | SD | NA |
| 13 | Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services. | SA | A | N | D | SD | NA |
| 14. | Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.) | SA | A | N | D | SD | NA |
| 15. | Staff helped me obtain information I needed so that I could take charge of managing my illness. | SA | A | N | D | SD | NA |
| 16. | My wishes are respected about the amount of family involvement I want in my treatment. | SA | A | N | D | SD | NA |
| As a result of services I have received from this agency: | |  |  |  |  |  |  |
| 17. | I deal more effectively with daily problems | SA | A | N | D | SD | NA |
| 18. | I am better able to control my life. | SA | A | N | D | SD | NA |
| 19. | I am better able to deal with crisis. | SA | A | N | D | SD | NA |
| 20. | I am getting along better with my family. | SA | A | N | D | SD | NA |
| 21. | I do better in social situations. | SA | A | N | D | SD | NA |
| 22. | I do better in school and/or work. | SA | A | N | D | SD | NA |
| 23. | My symptoms are not bothering me as much. | SA | A | N | D | SD | NA |
| **In general . . .** | |  |  |  |  |  |  |
| 24. | I am involved in my community (for example, church, volunteering, sports, support groups, or work). | SA | A | N | D | SD | NA |
| 25. | I am able to pursue my interests. | SA | A | N | D | SD | NA |
| 26. | I can have the life I want, despite my disease/disorder. | SA | A | N | D | SD | NA |
| 27. | I feel like I am in control of my treatment. | SA | A | N | D | SD | NA |
| 28. | I give back to my family and/or community. | SA | A | N | D | SD | NA |

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| **Is there anything else that you would like to tell us about your services here?** | |  |  |  |  |  |  |
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