Print PDF as needed. Do not photocopy! **MHSIP Consumer Survey - OLDER ADULT+QOL**

English

HealthCareServices •Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice.

Spring 2024

•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, select Not Applicable to indicate that this item does not apply to you.

•Please fill in the circle completely. Correct \bullet Incorrect $\circ \otimes \otimes$	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	0	0	0	0	0	0
from this agency.	-	_	_	_	-	_
3. I would recommend this agency to a friend or	0	0	0	0	0	0
family member.						
4. The location of services was convenient.	0	0	0	0	0	0
parking, public transportation, distance, etc.						
5. Staff were willing to see me as often as I felt it	0	0	0	0	0	0
was necessary.						
6. Staff returned my calls within 24 hours.	0	0	0	0	0	0
7. Services were available at times that were good	0	0	0	0	0	0
for me.						
8. I was able to get all the services I thought I	0	0	0	0	0	0
needed.						
9. I was able to see a psychiatrist when I wanted to.	0	0	0	0	0	0
10. Staff here believe that I can grow, change, and	0	0	0	0	0	0
recover.						
11. I felt comfortable asking questions about my	0	0	0	0	0	0
treatment and medication.						
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	0	0	0	0	0	0
I live my life.						
15. Staff told me what side effects to watch out for.	0	0	0	0	0	0
16. Staff respected my wishes about who is and who	0	0	0	0	0	0
is not to be given information about my treatment.	Ũ	Ũ	Ũ	Ŭ	Ŭ	Ũ
	0	0	0	<u> </u>	0	<u> </u>
17. I, not staff, decided my treatment goals.	0 0	0	0	0 0	0	0 0
18. Staff were sensitive to my cultural background.	Ŭ	Ŭ	Ŭ	\sim	Ŭ	
race, religion, language, etc.						

The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

* CSI County Client Number

DHCS 1744 EN





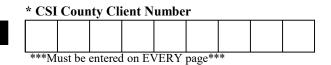
***Must be entered on EVERY page*

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
19. Staff helped me obtain the information I needed	0	0	0	0	0	0
so that I could take charge of managing my						
illness.						
20. I was encouraged to use consumer-run programs.	0	0	0	0	0	0
support groups, drop-in centers, crisis phone						
line, etc.						
As a direct result of the services I received:						
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.	0	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	0	0	0	0	0	0
wrong.						
32. I am better able to do things that I want to do.	0	0	0	0	0	0
For Questions #33-36, please answer for relationsh	ips with	persons	other th	an your	mental	health
provider	r(s)					
As a direct result of the services I received:						
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	0	0	0	0	0	0
things.						
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	0	0	0	0	0	0
family or friends.						

Quality of Life Questions

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose Not Applicable if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you think about your life in	0	0	0	0	0	0	0
general?							





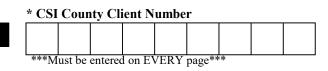
Living Situation			Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
Think about your current living situation.								
2. HOW DO YOU FEEL ABOUT:								
a. the living arrangements where you	live?	0	0	0	0	0	0	0
b. the privacy you have there?		0	0	0	0	0	0	0
c. the prospect of staying on where yo		0	0	0	0	0	0	0
currently live for a long period of ti	me?							
Daily Activities & Functioning		Terrible	Unhappy	Mostly Dissatisfied	d Mixed	Mostly Satisfied	Pleased	Delighted
Think about how you spend your spare	time.							
3. HOW DO YOU FEEL ABOUT:								
a. the way you spend your spare time?)	0	0	0	0	0	0	0
b. the chance you have to enjoy pleasa	nt or	0	0	0	0	0	0	0
beautiful things?								
c. the amount of fun you have?		0	0	0	0	0	0	0
d. the amount of relaxation in your life?		0	0	0	0	0	0	0
Family					Mostly			Not
	Tamilala	Linhonny	Mostly	Minad		Dlagged	Daliahtad	
4. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Satisfied	Pleased	Delighted	Applicable
4. HOW DO YOU FEEL ABOUT: a. the way you and your family act	Terrible	Unhappy	-	Mixed		Pleased	Delighted	
			Dissatisfied		Satisfied			Applicable
a. the way you and your family act			Dissatisfied		Satisfied			Applicable
a. the way you and your family act toward each other?	0	0	Dissatisfied	0	Satisfied	0	0	Applicable
a. the way you and your family act toward each other?b. the way things are in general	0	0	Dissatisfied O O Mostly	0	Satisfied	0	0	Applicable O O Not
a. the way you and your family act toward each other?b. the way things are in general between you and your family?	0	0	Dissatisfied O O	0	Satisfied O O Mostly	0	0	Applicable O O
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 	0	0	Dissatisfied O O Mostly	0	Satisfied O O Mostly	0	0	Applicable O O Not
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 5. HOW DO YOU FEEL ABOUT: a. the things you do with other people? 	O O Terrible	O O Unhappy	Dissatisfied O O Mostly Dissatisfied	O O Mixed	Satisfied O O Mostly Satisfied	O O Pleased	O O Delighted	Applicable O O Not Applicable
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 5. HOW DO YOU FEEL ABOUT: a. the things you do with other people? b. the amount of time you spend with 	O O Terrible	O O Unhappy	Dissatisfied O O Mostly Dissatisfied	O O Mixed	Satisfied O O Mostly Satisfied	O O Pleased	O O Delighted	Applicable O O Not Applicable
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 5. HOW DO YOU FEEL ABOUT: a. the things you do with other people? b. the amount of time you spend with other people? 	O O Terrible O O	O O Unhappy O	Dissatisfied O O Mostly Dissatisfied O O O O O O O O O O O O O O O O O O O	O O Mixed O O	Satisfied O O Mostly Satisfied O O	O O Pleased O O	O O Delighted O	Applicable O Not Applicable O O O O O O O O O O O O O O O O O O O
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 5. HOW DO YOU FEEL ABOUT: a. the things you do with other people? b. the amount of time you spend with other people? c. the people you see socially? 	O O Terrible O O O	O Unhappy O O	Dissatisfied O O Mostly Dissatisfied O O O O O O O O O O O O O O O O O O O	O O Mixed O O O	Satisfied O O Mostly Satisfied O O O	O O Pleased O O O	O O Delighted O O O	Applicable O Not Applicable O O O O O O O O O O O O O O O O O O O
 a. the way you and your family act toward each other? b. the way things are in general between you and your family? Social Relations 5. HOW DO YOU FEEL ABOUT: a. the things you do with other people? b. the amount of time you spend with other people? c. the people you see socially? d. the amount of friendship in your 	O O Terrible O O	O O Unhappy O	Dissatisfied O O Mostly Dissatisfied O O O O O O O O O O O O O O O O O O O	O O Mixed O O	Satisfied O O Mostly Satisfied O O	O O Pleased O O	O O Delighted O	Applicable O Not Applicable O O O O O O O O O O O O O O O O O O O
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Legal & Safety

- 6. In the past MONTH, were you a victim of:
- a. any violent crimes, such as assault, rape, muggng or robbery?

 \circ Yes \circ No

- b. any nonviolent crime, such as burglary, theft of your property or money, or OYes ONo being cheated?
- 7. In the past MONTH, how many times have you been arrested for any crimes? • No arrests • 1 arrest • 2 arrests • 3 arrests • 4 or more arrests





Legal & Safety (continued)	Terrible	Unhappy	Mostly	Mixed	Mostly	Pleased	Delighted
8. HOW DO YOU FEEL ABOUT:			Dissatisfied		Satisfied		
a. how safe you are on the streets in your	0	0	0	0	0	0	0
neighborhood?							
b. how safe you are where you live?	0	0	0	0	0	0	0
c. how the protection you have against being	0	0	0	0	0	0	0
robbed or attacked? Health							
9. In general, would you say your health is: $\circ I$	Excelle	nt o V	ery goo	d OG		Fair 🤇	Poor
10. HOW DO YOU FEEL ABOUT:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
a. your health in general?	0	0	0	0	0	0	0
b. your physical condition?	0	0	0	0	0	0	0
c. your emotional well-being?	0	0	0	0	0	0	0
Please answer the following quest	ions to	let us k	now ho	w you a	are doir	ıg.	
 Approximately, how long have you received services here? This is my first visit here. I have had more than one visit but I have received services for less than O I - 2 Months O I - 2 Months O I - 5 Months O More than 1 year 							
Please answer questions #2-4 if you have been Please answer questions #5-7 if you have been					been		
receiving mental health services for receiving mental health services for							
ONE YEAR OR LESS MORE THAN ONE YEAR							
2. Were you arrested since you \bigcirc Yes \bigcirc No	5. W	ere you	arrested	l during	the	0 Yes	○ No
began to receive mental health services?	last 12 months?						
3. Were you arrested during the \circ Yes \circ No	6. Were you arrested during the • Yes • 12 months prior to that?					○ No	
12 months prior to that?	7. Over the last year, have your encounters with					with	
4. Since you began to receive mental health services, have your encounters with the	th	e police	••••	-			
police	01	Been rec	luced				
○ Been reduced	<i>For example, I have not been arrested,</i>					,	
For example, I have not been arrested,			by polic			ice to a	
hassled by police, taken by police to a		shelter	or crisis	r progra	m		
shelter or crisis program		Staved t	he same				
	0]	ncrease	d				
○ Stayed the same ○ Increased	○ Not applicable						
○ Not applicable			o police	encount	ters this	year or	•
I had no police encounters this year		last yea	r				
or last year							
* CSI County Client Number						43884	
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Must be entered on EVERY page			4 / 5	30	/	00	

Please answer the following questions to let us know a little about you.

8.	What is your gender? <i>Please select all that apply</i>	○ Male ○ Female ○ Non-Binary	 Transgender: Female to Male Transgender: Male to Female Another Gender Identity 				
9.	Do you think of yourself as: <i>Please select all that apply</i>	 ○ Straight/Heterosexual ○ Gay or Lesbian ○ Bisexual 	 Another sexual orientation Unknown Prefer not to answer 				
10.	10. Are you of Mexican / Hispanic / Latino origin? OYes ONo OUnknown						
11.	What is your race? <i>Please select all that apply</i>	 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Is 	○ Another Race ○ Unknown				
12.	What is your date of birth?	month day	year				
13.	 13. Were written documents and or the services you received provided in the language you prefer? <i>brochures describing available services, your rights as a consumer, and mental health education materials</i> 0 Yes 0 No 						
15.	by telephone or video-confer O None O Very little How helpful were your telephone O Much worse O Somework O Not applicable I would prefer to receive more	8	O All -person visits? omewhat better is program by telehealth.				
17.	Please provide comments he both positive and negative fe	re and / or on the back of this form, if eedback. Also, if there are areas whic l should have been, please write them ng this questionnaire.	h were not covered by this				
	Thank y	you for taking the time to answer th	ese questions!				
FOR OFFICE USE ONLY County Code: Date of Survey Administration: County Reporting Unit (optional):							
		$\begin{array}{c} \hline \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ $					
	Code for not completing the survey (
	O Refused O Impaired O Langua						
		nt Number is written on all pages of this survey.					
-	* CSI County Client Number		43884				
	Must be entered on EVERY pag	ye	5/5				