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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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