

# Consumer Assessment of Care Survey 2009

Please use the space below to comment on any of your answers. If there are areas which were not covered by this survey that you feel should have been, please include your comments in this section.

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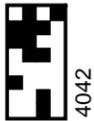
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Affix Label Here

<b>Facility</b>	
<b>Site Name</b>	

Thank you for completing this survey!



We want to provide the best possible mental health services in our program. To do so, we need to know what you think about the services you received during the last 3 months, the people who provided the services, and the results. Please check the back page to make sure our agency and site names are filled-in. On that page, you will also see space to comment on any of your answers.

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊕

	<u>Strongly</u> Agree	<u>Agree</u>	<u>I am</u> Neutral	<u>Disagree</u>	<u>Strongly</u> Disagree	<u>Not</u> Applicable
1. I like the services that I received here.....	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.....	○	○	○	○	○	○
3. I would recommend this agency to a friend or a family member.....	○	○	○	○	○	○
4. The location of services was convenient (parking,public transportation distance,etc.).....	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.....	○	○	○	○	○	○
6. Staff returned my call in 24 hours.....	○	○	○	○	○	○
7. Services were available at times that were good for me.....	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.....	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.....	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.....	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.....	○	○	○	○	○	○
12. I felt free to complain.....	○	○	○	○	○	○
13. I was given information about my rights.....	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.....	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.....	○	○	○	○	○	○
16. Staff respected my wishes about who is and who is not to be given information about my treatment.....	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.....	○	○	○	○	○	○
18. Staff were sensitive to my cultural background (race, religion, language, etc.).....	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.....	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers,crisis phone line, etc).....	○	○	○	○	○	○

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last 3 months, the people who provided them, and the results. There is space at the end of the survey to comment on any of your answers.

Shade Circles Like This--> ●  
Not Like This--> ⊗

As a Direct Result of Services I received :

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.....	<input type="radio"/>					
22. I am better able to control my life.....	<input type="radio"/>					
23. I am better able to deal with crises.....	<input type="radio"/>					
24. I am getting along better with my family.....	<input type="radio"/>					
25. I do better in social situations.....	<input type="radio"/>					
26. I do better in school and/or work.....	<input type="radio"/>					
27. My housing situation has improved.....	<input type="radio"/>					
28. My symptoms are not bothering me as much.....	<input type="radio"/>					
29. I do things that are more meaningful to me.....	<input type="radio"/>					
30. I am better able to take care of my needs.....	<input type="radio"/>					
31. I am better able to handle things when they go wrong.....	<input type="radio"/>					
32. I am better able to do things that I want to do.....	<input type="radio"/>					

For questions 33-36 please answer for relationships with persons other than your mental health provider(s)

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community.....	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.....	<input type="radio"/>					

In the section, we ask you to rate how things are going in different areas of your life. Please read the statement and then fill in the circle that best represents your experiences. How would you rate the following ?

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
37. I generally have enough money to buy what I need.....	<input type="radio"/>					
38. I have access to transportation to get around.....	<input type="radio"/>					
39. I am generally able to have fun and relax.....	<input type="radio"/>					
40. My physical health is excellent.....	<input type="radio"/>					
41. My self-respect (how I feel about myself) is positive.....	<input type="radio"/>					
42. Overall, things in my life are going well.....	<input type="radio"/>					

Background Information

Please provide the following information for statistical purposes. Please do not share your name. This confidential information is very important to help ensure that services meet your needs. Please fill in the blanks or shade in the circles that answers the following.

- Which of the following insurance plans are you covered by ( shade all circles that apply ) ?  
 Medicare     Medicaid     HMO     PMHP     Other \_\_\_\_\_     Don't Know
- What county do you live in (e.g. Erie, Suffolk, etc.)? \_\_\_\_\_
- Are you of Hispanic/Latino Origin?     Yes, Hispanic or Latino     Not Hispanic or Latino
- What is your race? ( shade one or more circles to indicate what you consider your race to be )  
 White (Caucasian)     Black/African American     American Indian /Alaskan Native  
 Native Hawaiian / Pacific Islander     Asian     Other \_\_\_\_\_
- What is your primary language?  
 English     Spanish     Other \_\_\_\_\_
- What is your sex ?     Male     Female
- What is your age ?     18-24     25-34     35-44     45-54     55-64     65-74     75 +
- Have you had a comprehensive physical examination ( at a health clinic or with a family doctor ) in the past 12 months?  
 Yes     No
- How many days during the last three months was your physical health not good?   (enter number of days in box)
- How long ago was your last psychiatric inpatient hospital stay?  
 Never Hospitalized     Less than 1 month ago     1-3 months ago  
 4-6 months ago     6 months 1 year ago     More than 1 year ago
- In the past 12 months, have you been involved in a self-help or peer support group in any way ?  
 Yes     No     I do not know what a self-help or peer support group is
- Who helped you with taking this survey ( e.g. collected it from you, helped you with questions or reading etc.) ?  
 A consumer peer     Peer specialist/advocate     Other Staff member     No one
- How long have you received mental health services from this program ?  
 Less than one year     One year or more
- How often do you receive services from this program ?  
 2-5 days per week     1 time per week     1-2 times per month     Less than 1 time per month

