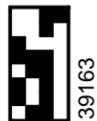


Please use the space below to comment on any of your answers. If there are areas which were not covered by this survey that you feel should have been, please include your comments in this section.

Affix Label Here

<p>Facility _____</p> <p>Site Name _____</p>
--

Thank you for completing this survey!



Consumer Assessment of Care Survey 2011

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--> ⊗ ⊕

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

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 :

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

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

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 ?

	<u>Strongly</u> Agree	Agree	I am Neutral	Disagree	<u>Strongly</u> Disagree	<u>Not</u> Applicable
37. I generally have enough money to buy what I need.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I have access to transportation to get around.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I am generally able to have fun and relax.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My physical health is excellent.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My self-respect (how I feel about myself) is positive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Overall, things in my life are going well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 month (30 days) was your physical health not good? (enter number of days in box)
- When was the last time you smoked tobacco or used tobacco products?
 Today Sometime in the past week Sometime in the past month 1-12 months ago
 1-5 years ago More than 5 years ago Never
- Which tobacco products do you currently use (shade all circles that apply)?
 Cigarettes Pipe or Cigar Smokeless Tobacco
 Chewed tobacco or dipped snuff I do not use any tobacco products
- Did any staff from this program ask you if you smoke tobacco or use tobacco products? Yes No
- Were you asked if you wanted help to stop smoking or using tobacco products?..... Yes No
- 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



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