|  |  |  |  |
| --- | --- | --- | --- |
| **Agency or Facility** | **Program** | * **BHH Client Date** | |
| **For Program Staff Only: DDaP Survey ID# (upon data entry, if applicable):** | | | ⬜ **Client Refused** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Gender  |  |  |  |  | | --- | --- | --- | --- | | * Male | * Female | * Other | * Prefer Not to Say |   **Your Age**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | * 18-20 | * 21-24 | * 25-34 | * 35-44 | * 45-54 | * 55-64 | * 65-74 | * 75+ | | **How long have you received services here?**   |  |  | | --- | --- | | * Less than 1 year | * 2-5 years | | * 1-2 years | * Over 5 years | |
| **Your Race** *(you can choose more than one option)*   |  |  | | --- | --- | | * American Indian/Native Alaskan | * Native Hawaiian/Other Pacific Islander | | * Asian | * White/Caucasian | | * Black/African American | * Unknown | | * Other: (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Your Ethnicity  * Not Hispanic/Latino/Latina/Latine * Puerto Rican * Mexican/Chicano * Cuban * Other Hispanic/Latino/Latina/Latine * Unknown |

| 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 |

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

**Thank You!**