Agency/Facility	Program	Date Completed	

Are you a Behavioral Health Home Client? ☐Yes ☐No

For each box, put an X in the circle that applies to you.

Gender	Age	Primary reason for receiving services
○ Male ○ Female ○ Transgender ○ Other	○ 20 and under ○ 21-24 ○ 25-34 ○ 35-54 ○ 55-64 ○ 65 and older	○ Emotional/Mental Health ○ Alcohol or Drugs ○ Both Emotional/Mental Health and Alcohol or Drugs
Race	**Ethnicity**	**Length of Service**
○ American Indian/Native Alaskan ○ Asian ○ Black/African American ○ Native Hawaiian/Other Pacific Islander ○ White/Caucasian ○ Unknown ○ Other:	○ Hispanic-Other ○ Non-Hispanic ○ Hispanic-Puerto Rican ○ Hispanic-Mexican ○ Hispanic-Cuban ○ Unknown	○ 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

For each item, **circle** the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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

NCQA Accreditation							
29.	How satisfied are you with the access to care, treatment, or services and communication (are you able to get an appointment when you need to and is program responsive when you call)?	SA	A	N	D	SD	NA
30.	How satisfied are you with the comprehensiveness of care, treatment, or services (are you able to get most of your needs met in the program)?	SA	A	N	D	SD	NA
31.	How satisfied are you with the coordination of care, treatment, or services (do your providers talk to each other about your care when they have your permission)?	SA	A	N	D	SD	NA
32.	How Satisfied are you with the continuity of care, treatment, or services (have the transitions between programs, if needed, been smooth)?	SA	A	N	D	SD	NA

How well do you feel?

By placing an 'x' in one box in each group below, please indicate which statements best describe your own health state today.	
<u>Mobility</u>	
I have no problems walking about	☐
I have some problems walking about	☐
I am confined to bed	☐
<u>Self-Care</u>	
I have no problems with self-care	☐
I have some problems with washing or dressing myself	☐
I am unable to wash or dress myself	☐
<u>Usual Activities</u> *(e.g. work, study, housework, family or leisure activities)*	
I have no problems with performing my usual activities	☐
I have some problems with performing my usual activities	☐
I am unable to perform my usual activities	☐
<u>Pain/Discomfort</u>	
I have no pain or discomfort	☐
I have moderate pain or discomfort	☐
I have extreme pain or discomfort	☐
<u>Anxiety/Depression</u>	
I am not anxious or depressed	☐
I am moderately anxious or depressed	☐
I am extremely anxious or depressed.	☐

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

Please continue on next page ➔

Please indicate on this scale how good or bad your own health state is today.

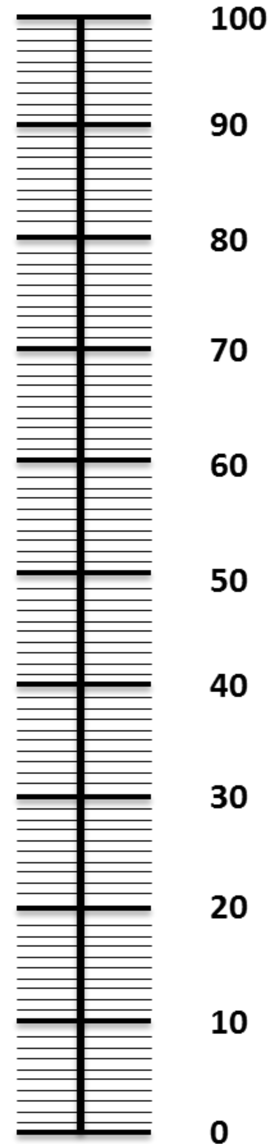
The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

Please draw a line from the box to the point on the scale that indicates how good or bad your health state is today.

Now please write the number you marked in the box below.

YOUR HEALTH TODAY = [ ]

Your own health state today



Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = [ ]