

| | | | |
|-----------------|---------|----------------|-------------------------------------|
| Agency/Facility | Program | Date Completed | <input type="checkbox"/> BHH Client |
|-----------------|---------|----------------|-------------------------------------|

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

| | | |
|--|--|--|
| Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other | Age <input type="radio"/> 20 and under <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older | Primary reason for receiving services <input type="radio"/> Emotional/Mental Health <input type="radio"/> Alcohol or Drugs <input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs |
| Race <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> White/Caucasian <input type="radio"/> Unknown <input type="radio"/> Other: | Ethnicity <input type="radio"/> Hispanic-Other <input type="radio"/> Non-Hispanic <input type="radio"/> Hispanic-Puerto Rican <input type="radio"/> Hispanic-Mexican <input type="radio"/> Hispanic-Cuban <input type="radio"/> Unknown | Length of Service <input type="radio"/> Less than 1 year <input type="radio"/> 12 months to 2 years <input type="radio"/> 2 years to 5 years <input type="radio"/> 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 |
| Is there anything else that you would like to tell us about your services here? | | | | | | | |