|  |  |  |
| --- | --- | --- |
| **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!**