



Agency or Facility	Program	<input type="checkbox"/> BHH Client	Date
For Program Staff Only: DDaP Survey ID# (upon data entry, if applicable):			<input type="checkbox"/> Client Refused

<p>Your Gender</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Prefer not to say</p> <p>Your Age</p> <p><input type="radio"/> 18-20 <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65-74 <input type="radio"/> 75+</p> <p>Your Race <i>(you can choose more than one option)</i></p> <p><input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: (write in) _____</p>	<p>How long have you received services here?</p> <p><input type="radio"/> Less Than 1 Year <input type="radio"/> 2-5 Years</p> <p><input type="radio"/> 1 Year <input type="radio"/> Over 5 Years</p> <p>Your Ethnicity</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p> <p><input type="checkbox"/> Unknown</p>
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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



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