California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000000000

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 0 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000001

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 0 1

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

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	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 0 2

27557

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Version 9/22/03

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1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

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○ I did not need any help.
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○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000003

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000004

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 0 5

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
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Reason:
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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 0 6

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

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Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
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- ○ 1 - 2 Months
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2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 0 7

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Version 9/22/03

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2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

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○ Another mental health consumer helped me.
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○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
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12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000008

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 0 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000009

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 0 9

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000001 0

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000001 1

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 1 2

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
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○ Another mental health consumer helped me.
○ A member of my family helped me.
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○ My clinician / case manager helped me.
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Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 2

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000001 3

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000014

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000015

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000016

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 6

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000017

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 7

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000018

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000001 9

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 1 9

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000020

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
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○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 2 1

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 1

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000022

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 2

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 2 3

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 3

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000024

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 2 5

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 5

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000027

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000028

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 2 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000029

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000030

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 3 1

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 1

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000032

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 2

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000003 3

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 3

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 3 4

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 4

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 3 5

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000036

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 6

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000037

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 7

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000038

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000039

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 3 9

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000040

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 4 1

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 4 2

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 2

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 4 3

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

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○ I did not need any help.
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○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 3

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

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Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000004 4

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 4

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000045

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 5

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000046

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 6

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 4 7

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 7

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000048

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000049

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 4 9

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
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○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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CSI County Client Number

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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 1

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 5 2

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Reason:

○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 2

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 5 3

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
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○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪
1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 3

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 5 4

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
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○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 4

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

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Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000055

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪
1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 5

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000056

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 6

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000057

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000058

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 5 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000059

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000060

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 6 1

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

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○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
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Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 1

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
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- ○ 6 months to 1 year
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2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 6 2

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Version 9/22/03

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2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

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○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
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○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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CSI County Client Number

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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
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12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
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As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 6 3

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 3

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000064

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 4

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000065

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
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○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 5

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000066

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Reason:

○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 6

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 6 7

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪
1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 6 7

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000068

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000069

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000070

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 7 1

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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Reason:
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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 7 2

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

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○ I did not need any help.
○ A mental health advocate / volunteer helped me.
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Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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CSI County Client Number

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8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 3

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 4

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000075

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Reason:

○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 5

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000076

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000077

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 7

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000078

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 180000079

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 7 9

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Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 0

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 1

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 8 2

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 8 3

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 4

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Reason:

○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 5

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000086

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 6

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000087

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 18000008 8

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 8

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000089

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 8 9

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000090

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
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7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 9 0

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000091

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 3 to 5 days ○ More than 10 days ○ Do not remember
○ 2 days ○ 6 to 10 days ○ Not applicable / Not in school

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 9 1

27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000092

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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1	① ① ① ① ① ① ① ① ①
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3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 9 2

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 9 3

27557

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000094

27557

*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1800000095

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

1 8 0 0 0 0 0 9 5

27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 9 6

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Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less ○ 2 days ○ 3 to 5 days ○ 6 to 10 days ○ More than 10 days ○ Not applicable / Not in school ○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

18 - Y - EN - 1 8 0 0 0 0 0 9 7

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

Version 9/22/03

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

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Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

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4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
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2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
15. Staff were sensitive to my cultural / ethnic background.	○	○	○	○	○	○
As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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Please answer the following questions to let us know a little about you.

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2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

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1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
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○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
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○ My clinician / case manager helped me.
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Thank you for taking the time to answer these questions!

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Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

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CSI County Client Number

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Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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27557

Version 9/22/03

California Department of Mental Health

YOUTH SERVICES SURVEY (YSS)* - *for youth ages 13-18*

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Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
2. I helped to choose my services.	○	○	○	○	○	○
3. I helped to choose my treatment goals.	○	○	○	○	○	○
4. The people helping me stuck with me no matter what.	○	○	○	○	○	○
5. I felt I had someone to talk to when I was troubled.	○	○	○	○	○	○
6. I participated in my own treatment.	○	○	○	○	○	○
7. I received services that were right for me.	○	○	○	○	○	○
8. The location of services was convenient.	○	○	○	○	○	○
9. Services were available at times that were convenient for me.	○	○	○	○	○	○
10. I got the help I wanted.	○	○	○	○	○	○
11. I got as much help as I needed.	○	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○	○
13. Staff respected my family's religious / spiritual beliefs.	○	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
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As a result of the services I received:						
16. I am better at handling daily life.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. I get along better with friends and other people.	○	○	○	○	○	○
19. I am doing better in school and / or work.	○	○	○	○	○	○
20. I am better able to cope when things go wrong.	○	○	○	○	○	○
21. I am satisfied with my family life right now.	○	○	○	○	○	○

22. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Continued on the Next Page...

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*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS) . It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

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Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (mark all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1987:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy): 0 4 - 3 0 - 1 9 8 7

2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ○ ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ● ○
9	○ ○	○ ○	○ ● ○ ○

5. In the **past MONTH**, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

6. How often were you absent from school during the **last MONTH**?

○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable / Not in school
○ Do not remember

7. Were the services you received provided in the language you prefer? ○ Yes ○ No

8. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ○ Yes ○ No

9. Please identify who helped you complete any part of this survey (mark all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪ ⓪
1	① ① ① ① ① ① ① ① ①
2	② ② ② ② ② ② ② ② ②
3	③ ③ ③ ③ ③ ③ ③ ③ ③
4	④ ④ ④ ④ ④ ④ ④ ④ ④
5	⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤ ⑤
6	⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥
7	⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦
8	⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧ ⑧
9	⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨ ⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

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