California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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:**

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 |
| 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 |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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

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**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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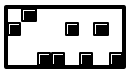
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 0 2

81





Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth
2. Fill in the corresponding circles

Date of Birth (mm-dd-yyyy)

04 - 30 - 1987

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 0 3

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 0 4



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 0 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 0 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 0 6

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 |
| 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 |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 0 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 0 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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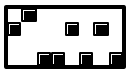

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

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**Approximately, how long has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

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- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our family life right now. | ○ | ○ | ○ | ○ | ○ | ○ |

22. Please provide comments here and /or on the back of this form, if needed.
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*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

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**Approximately, how long has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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**

☐☐☐☐☐☐☐☐☐

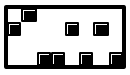
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 1 4

81





Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 1 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ ○ ○ ○ ○ ○ ○ ○ ○ |
| 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

2 0 0 0 0 0 0 1 6

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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| 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

2 0 0 0 0 0 0 1 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 1 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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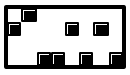
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 1 9

81





Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth
2. Fill in the corresponding circles

Date of Birth (mm-dd-yyyy)

04 - 30 - 1987

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 2 0

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 2 1

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 2 2



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 2 2

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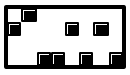

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 2 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 2 5



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 2 5

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 2 6

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 2 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 2 8



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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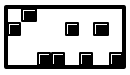
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 2 8

81





California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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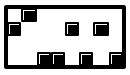
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| 6 | ⑥ | 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

2 0 0 0 0 0 0 2 9





California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 3 0

81



Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 3 1

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 3 2

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 3 3

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 3 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
○ A staff member other than my child's 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

2 0 0 0 0 0 0 3 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's 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

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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

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| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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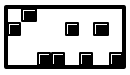

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 3 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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:**
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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 4 0



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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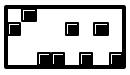

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 4 2

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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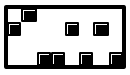

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
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- ○ 1 - 2 Months
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Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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|---|---|---|---|---|---|---|---|---|---|
| 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

2 0 0 0 0 0 0 4 4

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has received services for less than one month.
- ○ 1 - 2 Months
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- ○ 6 months to 1 year
- ○ More than 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 4 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 4 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 4 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**
○ Ref ○ Imp ○ Lan ○ Oth

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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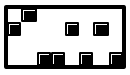

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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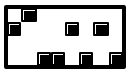

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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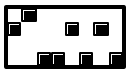

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 5 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 5 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 5 9



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 6 1

81



Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 6 2



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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:**
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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 6 3

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 6 6

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 6 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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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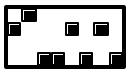
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 6 9

81





Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 7 3

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 7 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 7 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 7 6

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 7 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 |
| 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 |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 7 8

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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**

☐☐☐☐☐☐☐☐☐

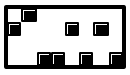
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| 1 | ① | ① | ① | ① | ① | ① | ① | ① | ① |
| 2 | ② | ② | ② | ② | ② | ② | ② | ② | ② |
| 3 | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| 4 | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| 5 | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | 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

2 0 0 0 0 0 0 7 9

81





Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 8 0

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 8 1



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 8 2

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 8 3



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 8 3

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 8 4



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 8 4

81



Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 8 5



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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

2 0 0 0 0 0 0 8 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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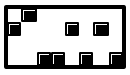

Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*

20 - P - EN - 2 0 0 0 0 0 0 8 9



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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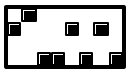

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 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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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 9 2

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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:**
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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's 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 was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 9 4

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 9 5

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

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Version 9/22/03

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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

2 0 0 0 0 0 0 9 7

California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

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California Department of Mental Health

# YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will 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 has your child received services here?**

- ○ This is my child's first visit here.
- ○ My child has had more than one visit but has 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 services have not been received for 6 months, just give answers based on the services that have been 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 or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. Overall, I am satisfied with the services my child received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I helped to choose my child's services. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I helped to choose my child's treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The people helping my child stuck with us no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I felt my child had someone to talk to when he / she was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. I participated in my child's treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The services my child and / or family received were right for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. The location of services was convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Services were available at times that were convenient for us. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. My family got the help we wanted for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. My family got as much help as we needed for my child. | ○ | ○ | ○ | ○ | ○ | ○ |
| 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 my child and / or family received:** | | | | | | |
| 16. My child is better at handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. My child gets along better with family members. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. My child gets along better with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. My child is doing better in school and / or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. My child is better able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. I am satisfied with our 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...*



*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 your child.

**1.** What is your child's gender? ○ Female ○ Male ○ Other

**2.** Are either of the child's parents of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

**3.** What is your child's 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 child's 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 | ○○ | ○○ | ○○○○ |
| 2 | ○○ | ○○ | ○○○○ |
| 3 | ○○ | ○○ | ○○○○ |
| 4 | ○○ | ○○ | ○○○○ |
| 5 | ○○ | ○○ | ○○○○ |
| 6 | ○○ | ○○ | ○○○○ |
| 7 | ○○ | ○○ | ○○○○ |
| 8 | ○○ | ○○ | ○○○○ |
| 9 | ○○ | ○○ | ○○○○ |

*EXAMPLE: Date of birth on April 30, 1987:*

1. Write in your child's date of birth → Date of Birth (mm-dd-yyyy): 04 - 30 - 1987
2. Fill in the corresponding circles

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

**5.** In the **past MONTH**, how many times was your child arrested for any crimes?

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

**6.** How often was your child 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 your child received provided in the language he / she preferred? ○ 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 child's clinician / case manager helped me.
- ○ A staff member other than my child's 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 | ○○○○○○○○○ |
| 1 | ○○○○○○○○○ |
| 2 | ○○○○○○○○○ |
| 3 | ○○○○○○○○○ |
| 4 | ○○○○○○○○○ |
| 5 | ○○○○○○○○○ |
| 6 | ○○○○○○○○○ |
| 7 | ○○○○○○○○○ |
| 8 | ○○○○○○○○○ |
| 9 | ○○○○○○○○○ |

**Reason:**

○ Ref ○ Imp ○ Lan ○ Oth

2 0 0 0 0 0 0 9 9