CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000000

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 0 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000001

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 0 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000002

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 0 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000003

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation 2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 0 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000004

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 0 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000005

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 0 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000006

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 0 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000007

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 0 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000008

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 0 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000009

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 0 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000010

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000011

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000012

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 1 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000013

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation 2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000014

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000015

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000016

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

- ○ I decided to come in on my own.
- ○ Someone else recommended that I come in.
- ○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000017

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 1 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000018

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937

2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000019

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 1 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000020

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000021

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000022

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 2 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000023

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000024

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000025

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000026

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000027

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000028

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 2 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000029

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

- ○ I decided to come in on my own.
- ○ Someone else recommended that I come in.
- ○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 2 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000030

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

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

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 3 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000031

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000032

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000033

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000034

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation 2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000035

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000036

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000037

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000038

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

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

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

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

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

EXAMPLE: Date of birth on April 30, 1937:

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

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

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

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

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

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

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

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

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

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

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

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

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

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

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

MHSIP Consumer Survey*:

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

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000039

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

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

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

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

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

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

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

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

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

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

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 3 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000040

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation

2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 4 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000041

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 4 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000042

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000043

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000044

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 4 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000045

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000046

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000047

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000048

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 4 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000049

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 4 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000050

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937

2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000051

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000052

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation

2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 5 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000053

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000054

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

- ○ White / Caucasian
- ○ Black / African American
- ○ Asian
- ○ American Indian / Alaskan Native
- ○ Native Hawaiian / Other Pacific Islander
- ○ Other
- ○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

- ○ I decided to come in on my own.
- ○ Someone else recommended that I come in.
- ○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

- ○ I did not need any help.
- ○ A mental health advocate / volunteer helped me.
- ○ Another mental health consumer helped me.
- ○ A member of my family helped me.
- ○ A professional interviewer helped me.
- ○ My clinician / case manager helped me.
- ○ A staff member other than my clinician or case manager helped me.
- ○ Someone else helped me.
  Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000055

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 5 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000056

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000057

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000058

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000059

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 5 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000060

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 6 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000061

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 6 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000062

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 6 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000063

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation 2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 6 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000064

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 6 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000065

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 6 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000066

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 6 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000067

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 6 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000068

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 6 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000069

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 6 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000070

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation

2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000071

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000072

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000073

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 7 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000074

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000075

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 7 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000076

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000077

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 7 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000078

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 7 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000079

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 7 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000080

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000081

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000082

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000083

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000084

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 8 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000085

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 8 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000086

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

- ○ White / Caucasian
- ○ Black / African American
- ○ Asian
- ○ American Indian / Alaskan Native
- ○ Native Hawaiian / Other Pacific Islander
- ○ Other
- ○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

- ○ I decided to come in on my own.
- ○ Someone else recommended that I come in.
- ○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

- ○ I did not need any help.
- ○ A mental health advocate / volunteer helped me.
- ○ Another mental health consumer helped me.
- ○ A member of my family helped me.
- ○ A professional interviewer helped me.
- ○ My clinician / case manager helped me.
- ○ A staff member other than my clinician or case manager helped me.
- ○ Someone else helped me.
  Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000087

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○○	○○	○○○○
1	①①	①①	①①①①
2	②②	②②	②②②②
3	③③	③③	③③③③
4	④④	④④	④④④④
5	⑤⑤	⑤⑤	⑤⑤⑤⑤
6	⑥⑥	⑥⑥	⑥⑥⑥⑥
7	⑦⑦	⑦⑦	⑦⑦⑦⑦
8	⑧⑧	⑧⑧	⑧⑧⑧⑧
9	⑨⑨	⑨⑨	⑨⑨⑨⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937

2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000088

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 8 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000089

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 8 9

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000090

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 9 0

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000091

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 9 1

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000092

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 9 2

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000093

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 9 3

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000094

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○

Living Situation

2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 9 4

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000095

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 9 5

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000096

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 9 6

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000097

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 04 - 30 - 1937
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 9 7

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000098

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:

○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	● ○	○ ●	● ○ ○ ○
1	○ ○	○ ○	○ ○ ○ ○
2	○ ○	○ ○	○ ○ ○ ○
3	○ ○	● ○	○ ○ ● ○
4	○ ●	○ ○	○ ○ ○ ○
5	○ ○	○ ○	○ ○ ○ ○
6	○ ○	○ ○	○ ○ ○ ○
7	○ ○	○ ○	○ ○ ○ ●
8	○ ○	○ ○	○ ○ ○ ○
9	○ ○	○ ○	○ ● ○ ○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
1	①	①	①	①	①	①	①	①	①
2	②	②	②	②	②	②	②	②	②
3	③	③	③	③	③	③	③	③	③
4	④	④	④	④	④	④	④	④	④
5	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
6	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
7	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
8	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
9	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Reason:
○ Ref ○ Imp ○ Lan ○ Oth

41177

2 9 0 0 0 0 0 9 8

Version 9/22/03

CALIFORNIA DEPARTMENT OF
Mental Health

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely ***EXAMPLE:*** Correct ● Incorrect ✗ ✓

Approximately, how long have you received services here?

- ○ This is my first visit here.
- ○ I have had more than one visit but I have received services for less than one month.
- ○ 1 - 2 Months
- ○ 3 - 5 Months
- ○ 6 months to 1 year
- ○ More than 1 year

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree,** are **Neutral, Disagree,** or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○
4. The location of services was convenient (parking, public transportation, distance, etc.).	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.	○	○	○	○	○	○
6. Staff returned my calls within 24 hours.	○	○	○	○	○	○
7. Services were available at times that were good for me.	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○
12. I felt free to complain.	○	○	○	○	○	○
13. I was given information about my rights.	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.	○	○	○	○	○	○
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.	○	○	○	○	○	○

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

41177

29 - O - EN - 290000099

Version 9/22/03

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	○	○	○	○	○	○
22. I am better able to control my life.	○	○	○	○	○	○
23. I am better able to deal with crisis.	○	○	○	○	○	○
24. I am getting along better with my family.	○	○	○	○	○	○
25. I do better in social situations.	○	○	○	○	○	○
26. I do better in school and /or work.	○	○	○	○	○	○
27. My housing situation has improved.	○	○	○	○	○	○
28. My symptoms are not bothering me as much.	○	○	○	○	○	○

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	○	○	○	○	○	○	○
Living Situation							
2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	○	○	○	○	○	○	○
B. The privacy you have there?	○	○	○	○	○	○	○
C. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	○	○	○	○	○	○	○
B. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
C. The amount of fun you have?	○	○	○	○	○	○	○
D. The amount of relaxation in your life?	○	○	○	○	○	○	○

Family

4. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	○	○	○	○	○	○	○	○
B. The way things are in general between you and your family?	○	○	○	○	○	○	○	○

Social Relations

5. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	○	○	○	○	○	○	○	○
B. The amount of time you spend with other people?	○	○	○	○	○	○	○	○
C. The people you see socially?	○	○	○	○	○	○	○	○
D. The amount of friendship in your life?	○	○	○	○	○	○	○	○

Legal & Safety

6. In the past MONTH, were you a victim of:	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	○	○
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	○	○

7. In the past MONTH, how many times have you been arrested for any crimes?
○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

8. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
B. How safe you are where you live?	○	○	○	○	○	○	○
C. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○

Health

9. In general, would you say your health is:
○ excellent ○ very good ○ good ○ fair ○ poor

10. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	○	○	○	○	○	○	○
B. Your physical condition?	○	○	○	○	○	○	○
C. Your emotional well-being?	○	○	○	○	○	○	○

Please answer the following questions to let us know a little about you.

1. What is your gender? ○ Female ○ Male ○ Other

2. Are you of Mexican / Hispanic / Latino origin? ○ Yes ○ No ○ Unknown

3. What is your race? (Please check all that apply.)

○ White / Caucasian
○ Black / African American
○ Asian
○ American Indian / Alaskan Native
○ Native Hawaiian / Other Pacific Islander
○ Other
○ Unknown

4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

☐☐ - ☐☐ - ☐☐☐☐

0	○ ○	○ ○	○ ○ ○ ○
1	① ①	① ①	① ① ① ①
2	② ②	② ②	② ② ② ②
3	③ ③	③ ③	③ ③ ③ ③
4	④ ④	④ ④	④ ④ ④ ④
5	⑤ ⑤	⑤ ⑤	⑤ ⑤ ⑤ ⑤
6	⑥ ⑥	⑥ ⑥	⑥ ⑥ ⑥ ⑥
7	⑦ ⑦	⑦ ⑦	⑦ ⑦ ⑦ ⑦
8	⑧ ⑧	⑧ ⑧	⑧ ⑧ ⑧ ⑧
9	⑨ ⑨	⑨ ⑨	⑨ ⑨ ⑨ ⑨

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → Date of Birth (mm-dd-yyyy) 0 4 - 3 0 - 1 9 3 7
2. Fill in the corresponding circles

0	●○	○●	●○○○
1	○○	○○	○○○○
2	○○	○○	○○○○
3	○○	●○	○○●○
4	○●	○○	○○○○
5	○○	○○	○○○○
6	○○	○○	○○○○
7	○○	○○	○○○●
8	○○	○○	○○○○
9	○○	○○	○●○○

5. Were the services you received provided in the language you prefer? ○ Yes ○ No

6. 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

7. What was the primary reason you became involved with this program? (choose one)

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

8. Please identify who helped you complete any part of this survey (choose all that apply):

○ I did not need any help.
○ A mental health advocate / volunteer helped me.
○ Another mental health consumer helped me.
○ A member of my family helped me.
○ A professional interviewer helped me.
○ My clinician / case manager helped me.
○ A staff member other than my clinician or case manager helped me.
○ Someone else helped me.
Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

Date of Survey Administration: 1 1 - ☐☐ - 2 0 0 3

County Question #1: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3: ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

CSI County Client Number

☐☐☐☐☐☐☐☐☐

0	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
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

41177

2 9 0 0 0 0 0 9 9

Version 9/22/03