

Mental Health

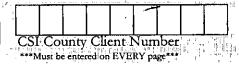
ENGLISH Youth Survey

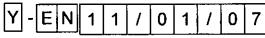


Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your **EXAMPLE**: Correct Incorrect Please fill in the circle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

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

•	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received		0	O	O	0	0
2. I helped to choose my services.	0	0	0	O	0	0
3. I helped to choose my treatment goals	اً وَأَنْ الْمُ			.0		;;;;, O , ₁
4. The people helping me stuck with me no matter what.	0	0	0	0	0	0
5. I felt I had someone to talk to when I was troubled	Org		<mark> O</mark> -	O	o i	Ö.
6. I participated in my own treatment.	0	0	0	0	. 0	0
7. I received services that were right for me	O			O	o	, i
8. The location of services was convenient for me.	`	0	0	0	0	0
9 Services were available at times that were convenient for	me. O		O	O'		O
10. I got the help I wanted.	0	. 0	0	0	0	0
11. I got as much help as I needed.	- 0			Ö	O	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my religious / spiritual beliefs.	O		i o	O	Ö	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	O. The second	O	0	0
As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. I am better at handling daily life.	0	0	0	0	0	0
17. I get along better with family members.	O	held O. A	O	Ö	• • •	0
18. I get along better with friends and other people.	O	0	0	0	Ο.	, 0
19. I am doing better in school and / or work.	O	O (**	O	Ō	, o	0
20. I am better able to cope when things go wrong.	. 0	0	0	0	0	0
21. I am satisfied with my family life right now.		, o .	. O	O	, O	o o
22. I am better able to do things I want to do.	0	0	. 0	0	0	0
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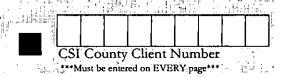


ENGLISH
Youth Survey

For Questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.		O	0.4.	0	. O.	0
24. I have people that I am comfortable talking with almy problem(s).	O	0	0	0	0	0
25. In a crisis, I would have the support I need from fa	mily O	0	0	Ö	0	0
26. I have people with whom I can do enjoyable things	. 0	0	0	0	0	0
27. What has been the most helpful thing about the se	rvices you receive	ed over the	last 6 months	?		,
28. What would improve the services here?					er e	
:: 						
29. Please provide comments here and /or on the back. We are interested in both positive and negative fee		needed.			·	
		1		•		
Please answer the following questions to 1. Have you lived in any of the following places in t	GHARF TENNANGER	ir (Harita irlia		alla Sibili		
O With one or both parents O With another family member O Foster home O Therapeutic foster home O Homeles O Resident O Hospital	s shelter ome ial treatment cent	O Str O Ri ter O O	ate correction unaway / hon other (describe	al facility neless / o	n the streets	
O Cosis sheller O Local jai 2. In the last year, did you see a medical doctor (or (Check one.) O Yes, in a clinic or office O Yes, but only in	a hospital or em	olth check- ergency roc	om ONo	O Do i	ot remembe	r
3. Are you on medication for emotional / behaviora	al problems? (Yes O	No			
3a. If yes, did the doctor or nurse tell you what				No	erfe v 2 t	*:
4. Approximately, how long have you received servi O This is my first visit here O I have had more than one visit but have received services for less than one month.	O 1 - 2 Month	s O M	ore than 1 ye	ar 🕌		ar Vije af
- Profession (Profession) Profession (Application of Profession Office) Application (Profession Office) Profession (Profe	voltavojava i t.a difilijaken	島門 いっぱいた では事を合う	· L. 기업자 전 H. 생각할 및	er padring	न्हें निवास के के हैं की	•

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Please answer Questions #5-10 if you have been receiving mental health services for ONE YEAR OR LESS. If you have been receiving mental health services for MORE THAN ONE YEAR, skip to question 11 below.				
5. Were you arrested since beginning to receive mental health services? O Yes O No				
6: Were you arrested during the 12 months prior to that? ONes				
7. Since your began to receive mental health services, have your encounters with the police:				
O been reduced (for example you have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same				
Oincreased				
O not applicable (you had no police encounters this year or last year) 8. Were you expelled or suspended since beginning services? O Yes: O No				
9: Were you expelled or suspended during the 12 months prior to that? O Yes O No				
10. Since starting to receive services, the number of days you were in school is:				
Ogreater O about the same O less, O does not apply (please select why this does not apply) it. O I did not have a problem with attendance before starting services				
O I was expelled from school				
Olam homelschooled and the state of the stat				
Oldropped out of school				
Oiother Control of the Control of th				
SKIP to Question #17 on the next page				
THE A COLUMN ASSESSMENT OF A SECOND S				
Please answer Questions #11-16 only if you have been receiving mental health services for 'MORE THAN ONE YEAR.'				
11. Were you arrested during the last 12 months? • O Yes • O No				
12. Were you arrested during the 12 months prior to that? O Yes O No				
13. Over the last year, have your encounters with the police:				
O been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same				
O increased				
O not applicable (you had no police encounters this year or last year)				
14. Were you expelled or suspended during the last 12 months? O Yes O No				
15. Were you expelled or suspended during the 12 months prior to that? O Yes O No				
16. Over the last year, the number of days you were in school is: O greater O about the same O less O does not apply (please select why this does not apply)				
O I did not have a problem with attendance before starting services				
O I was expelled from school				
O I am home schooled				
O I dropped out of school				
O other:				
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49719				
CSI County Client Number Page 3 of 4				
Must be entered on EVERY page				

ENGLISH Youth Survey

Please answer the following questions to let u	ıs know a little about you.
17. What is your gender? O Female O Male O Other	
18. Are you of Mexican / Hispanic / Latino origin? O Yes 19. What is your race? (Mark all that apply.)	O No O Unknown an / Other Pacific Islander O Unknown
O Black / African American O Other	
20. What is your date of birth? (Write it in the boxes AND fil	<u> </u>
	Date of Birth (mm-dd-yyyy) 1. Write in your child's date 1. Write in your child's date
1 00 00 0000 2 00 00 0000 3 00 00 0000 4 00 00 0000 5 00 00 0000 6 00 00 0000 7 00 00 0000 8 00 00 0000	of birth 2. Fill in the corresponding circles 0 ●○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○
21. Do you have Medi-Cal (Medicaid) insurance? O Yes	ONo
O A mental health advocate / volunteer helped me. O My clinic O Another mental health consumer helped me. O A staff	illable services, your rights as a consumer, and mental guage you prefer? O Yes O No s survey (Mark all that apply): ssional interviewer helped me. ician / case manager helped me. member other than my clinician or case manager helped me. ne else helped me. Who?:
FOR OFFICE	USE ONLY:
REQUIRED Information:	Optional County Questions:
County Code: Date of Survey Administration:	County Question #1 (mark only ONE bubble): 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20
1 1 - 2 0 0 7	County Question #2 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
Reason (if applicable): O Ref O Imp O Lan O Oth	County Question #3 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20 County Reporting Unit:
Make sure the same CSI County Client Number is written on all pages of this survey.	
CSI County Client Number **Must be entered on EVERY page***	ge 4 of 4