

## Ohio Department of Mental Health MHSIP Adult Consumer Survey

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last six months, the people who provided it, and the results. If you received services from more than one provider, please answer for the one you think of as your main or primary provider. Please indicate your agreement/disagreement with each of the following statements by filling in or putting a cross (X) in the circle that best represents your opinion. If the question is about something you have not experienced, black out or put a cross (X) in the “Does Not Apply” circle.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I like the services that I received at my agency.....	<input type="radio"/>					
2. If I had other choices, I would still get services from my agency....	<input type="radio"/>					
3. I would recommend my agency to a friend or family member.....	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc.).....	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.....	<input type="radio"/>					
6. Staff returned my call in 24 hours.....	<input type="radio"/>					
7. Services were available at times that were good for me.....	<input type="radio"/>					
8. I was able to get all the services I thought I needed.....	<input type="radio"/>					
9. I was able to see a psychiatrist when I wanted to.....	<input type="radio"/>					
10. Staff believe that I can grow, change and recover.....	<input type="radio"/>					
11. I felt comfortable asking questions about my treatment and medication.....	<input type="radio"/>					
12. I felt free to complain.....	<input type="radio"/>					
13. I was given information about my rights.....	<input type="radio"/>					
14. Staff encouraged me to take responsibility for how I live my life...	<input type="radio"/>					
15. Staff told me what side effects to watch out for.....	<input type="radio"/>					
16. Staff respected my wishes about who is and who is not to be given information about my treatment.....	<input type="radio"/>					
17. I, not staff, decided my treatment goals.....	<input type="radio"/>					
18. Staff were sensitive to my cultural background (race, religion, language, etc.).....	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.....	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).....	<input type="radio"/>					

***Please turn survey over to answer questions on back side.***

«Seqnum1»

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<b><i>As a direct result of the services I received:</i></b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
21. I deal more effectively with daily problems.....	<input type="radio"/>					
22. I am better able to control my life.....	<input type="radio"/>					
23. I am better able to deal with crisis.....	<input type="radio"/>					
24. I am getting along better with my family.....	<input type="radio"/>					
25. I do better in social situations.....	<input type="radio"/>					
26. I do better in school and/or work.....	<input type="radio"/>					
27. My housing situation has improved.....	<input type="radio"/>					
28. My symptoms are not bothering me as much.....	<input type="radio"/>					
29. I do things that are more meaningful to me. ....	<input type="radio"/>					
30. I am better able to take care of my needs. ....	<input type="radio"/>					
31. I am better able to handle things when they go wrong. ....	<input type="radio"/>					
32. I am better able to do things that I want to do. ....	<input type="radio"/>					

***For questions 33-36 please answer for relationships with persons other than your mental health provider(s)***

33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community. ....	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					

***Please answer the following questions to let us know how you are doing.***

37. Are you still getting mental health services?       Yes       No
38. Were you arrested during the last 12 months?       Yes       No
39. Were you arrested during the 12 months prior to that?       Yes       No
40. Over the past year, have your encounters with the police:
- Been reduced. I haven't been arrested, hassled by the police, taken by police to a shelter or crisis program.
  - Stayed the same.
  - Increased.
  - Not applicable. No police encounters this year or last.