

SCDMH School-Based Satisfaction Survey YOUTH SERVICES SURVEY

Please help our agency make services better by answering some questions about the services you received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence the services you receive. Please indicate if you **Strongly Disagree**, **Disagree**, **Are Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. Fill in the circle that best describes your answer. Thank You!

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree					
1. Overall, I am satisfied with the services I received.	Ő	Ő	0	0	Ö					
2. I helped to choose my services.	0	0	0	0	0					
3. I helped to choose my treatment goals.	0	0	0	0	0					
4. The people helping me stuck with me no matter what.	0	0	0	0	0					
5. I felt I had someone to talk to when I was troubled.	0	0	0	0	0					
6. I participated in my own treatment.	0	0	0	0	0					
7. I received services that were right for me.	0	0	0	0	0					
8. The location of services was convenient.	0	0	0	0	0					
9. Services were available at times that were convenient for me.	0	0	0	0	0					
10. I got the help I wanted.	0	0	0	0	0					
11. I got as much help as I needed.	0	0	0	0	0					
12. Staff treated me with respect.	0	0	0	0	0					
13. Staff respected my family's religious/spiritual beliefs.	0	0	0	0	0					
14. Staff spoke with me in a way that I understood.	0	0	0	0	0					
15. Staff were sensitive to my cultural/ethnic background.	0	0	0	0	0					
As a result of the services I received:										
16. I am better at handling daily life.	0	0	0	0	0					
17. I get along better with family members.	0	0	0	0	0					
18. I get along better with friends and other people.										
19. I am doing better in school and/or work.										
20. I am better able to cope when things go wrong.	0	0	0							
21 I am satisfied with my family life right now.	0	0	0							
22. What has been the most helpful thing about the services you received over the last 6 months?										
23. What would improve the services here?										
Please answer the following questions to let us know how you are doing. 24. How long did you receive services from this Center?										
O Less than 1 month O 1-2 months O 3-5 months O 6 months to	ı year C	More than	11 year							
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25. Are you still getting services fr	om this Center?	Yes O No					
26. Are you currently living with o	ne or both parents?	Yes O No					
27. Have you lived in any of the fo	ollowing places in the last 6 me	onths? (CHECK A	ALL THA	T APPLY)			
O With one or both parents	O Crisis shelter	O Hospital		O Run	away/homeless/on the streets		
O With another family member	O Homeless shelter	O Local jail o	O Local jail or detention facility				
O Foster home	O Group home	O State corre	O State correctional facility				
O Therapeutic foster home	O Residential treatment cente	er O Other (des	Other (describe):				
28. In the last year , did you see a	medical doctor (nurse) for a he	ealth check up or l	because ye	ou were sick?	(Check one)		
O Yes, in a clinic or office	O Yes, but only in a hospital	emergency room	ON	lo O Do n	not remember		
29. Are you on medication for emo	otional/behavioral problems?		O Yes	O No			
29a. If yes, did the doctor or n	urse tell you what side effects to	o watch for?	O Yes	O No			
30a. In the last month. did vou get	arrested by the police?		O Yes	O No			
30b. In the last six months, did yo	u get arrested by the police?		O Yes	O No			
31a. In the last month, did you go	to court for something you did	?	O Yes	O No			
31b. In the last month, did you go	to court for something you did	?	O Yes	O No			
32. How often were you absent fro	m school during the last month	?					
O 1 day or less O 3 to 5	days O More than 1	0 days	O Do not remember				
O 2 days O 6 to 1	0 days O Not applicat	ble/not in school					
Please answer the following ques	tions to let us know a little ab	out you.					
O American Indian/Alaska Na	ntive O White (Caucasia	an) C	Black (/	African Ameri	ican)		
O Asian/Pacific Islander	O Other (describe)	•	(-				
Gender: O Male O Female	Are either of your paren		nic/Latin	o? O Yes	O No		
G Imme				0 105			
TODAY'S DATE		Birth	Date				
/			/	/			
Do you have Medicaid insurance	? O Yes O No						
Т	hank you for taking the	time to answer	these q	uestions!			
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