



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!

Table with 5 columns: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree. Rows 1-15: Service quality statements. Row 16: As a result of the services I received: (sub-header). Rows 17-22: Outcomes and satisfaction statements.

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?

- Radio button options: Less than 1 month, 1-2 months, 3-5 months, 6 months to 1 year, More than 1 year

Two sets of empty boxes for office use only.

FOR OFFICE USE ONLY

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25. Are you still getting services from this Center? Yes No
26. Are you currently living with one or both parents? Yes No
27. Have you lived in any of the following places **in the last 6 months?** (CHECK ALL THAT APPLY)
- With one or both parents Crisis shelter Hospital Runaway/homeless/on the streets
- With another family member Homeless shelter Local jail or detention facility
- Foster home Group home State correctional facility
- Therapeutic foster home Residential treatment center Other (describe): _____
28. **In the last year**, did you see a medical doctor (nurse) for a health check up or because you were sick? (Check one)
- Yes, in a clinic or office Yes, but only in a hospital emergency room No Do not remember
29. Are you on medication for emotional/behavioral problems? Yes No
- 29a. If yes, did the doctor or nurse tell you what side effects to watch for? Yes No
- 30a. In the last month, did you get arrested by the police? Yes No
- 30b. In the last six months, did you get arrested by the police? Yes No
- 31a. In the last month, did you go to court for something you did? Yes No
- 31b. In the last month, did you go to court for something you did? Yes No
32. How often were you absent from school during the last month?
- 1 day or less 3 to 5 days More than 10 days Do not remember
- 2 days 6 to 10 days Not applicable/not in school

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

Race (Check two if needed)

- American Indian/Alaska Native White (Caucasian) Black (African American)
- Asian/Pacific Islander Other (describe): _____

Gender: Male Female **Are either of your parents Spanish/Hispanic/Latino?** Yes No

TODAY'S DATE

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Birth Date

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Do you have Medicaid insurance? Yes No

Thank you for taking the time to answer these questions!

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Department of Education School ID Number

School/ Grant Number