

What Do You Think About Your Mental Health Services?

**Los Angeles County
Department of Mental Health**

Please participate in this rating of your mental health program. Your answers will be used to improve services for all CalWORKs participants who use mental health services in Los Angeles County.

Your answers will not be shown to anyone on your treatment team unless you choose to share them. Your answers will not affect the benefits or services you receive in any way. Please answer these questions then seal the form in the envelope and return it to the person who provided it to you.

STAFF FILL IN 1 AND 2

1. Arbitrary Participant Study Number: _____
2. Agency Identification Number: _____

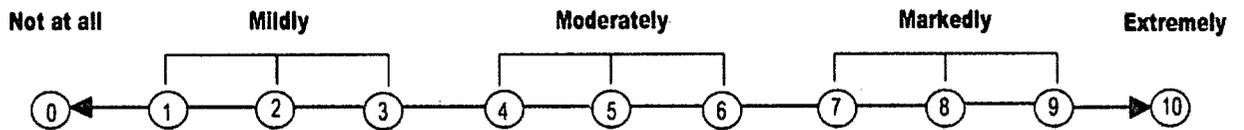
How are you doing?

During the past 30 days, how much of the time did you feel...

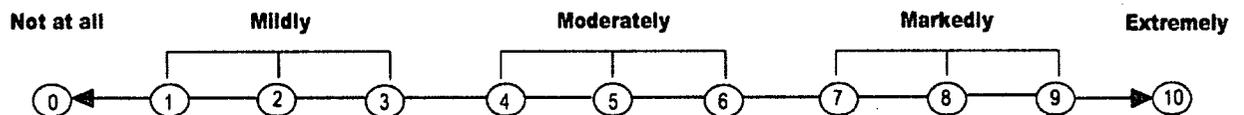
(PLEASE CIRCLE ONE RESPONSE ON THE RIGHT FOR EACH FEELING)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
3. ...nervous?	1	2	3	4	5
4. ...hopeless.....	1	2	3	4	5
5. ...restless or fidgety.....	1	2	3	4	5
6. ...so depressed that nothing could cheer you up?	1	2	3	4	5
7. ...that everything was an effort?	1	2	3	4	5
8. ...worthless?	1	2	3	4	5

9. Please mark one circle to describe how much *during the past week* your mental health problems have disrupted your work or school or CalWORKs work-activities.



10. Please mark one circle to describe how much *during the past week* your mental health problems have disrupted your family life and home responsibilities.



How are we doing?

Please tell us how well our services are meeting your needs.

11. Overall, how satisfied are you with the services you received at this agency? *(Please circle one number.)*
 1. EXTREMELY SATISFIED
 2. VERY SATISFIED
 3. MODERATELY SATISFIED
 4. SOMEWHAT SATISFIED
 5. A LITTLE SATISFIED
 6. DISSATISFIED

12. Have you been treated with respect by all the staff at this program?
 1. I HAVE BEEN TREATED WITH RESPECT BY *ALL* STAFF FROM RECEPTIONISTS TO COUNSELORS
 2. I HAVE BEEN TREATED WITH RESPECT BY *ALMOST ALL* STAFF
 3. I HAVE BEEN TREATED WITH RESPECT BY *MOST* STAFF
 4. I HAVE BEEN TREATED WITH RESPECT BY ONLY *SOME* STAFF
 5. I DO NOT FEEL RESPECTED AT THIS PROGRAM

13. How likely are you to recommend this program to a friend with the same kinds of problems?

1. EXTREMELY LIKELY
2. VERY LIKELY
3. QUITE LIKELY
4. SOMEWHAT LIKELY
5. A LITTLE LIKELY
6. I WOULD NOT RECOMMEND THAT MY FRIEND COME TO THIS PROGRAM

14. Overall, how much have the services you have received from the agency helped you to improve your situation or deal with your problems? *(Please circle the number in front of the best answer. Only circle one number.)*

1. HELPED A LOT
2. HELPED SOME
3. HELPED A LITTLE
4. DID NOT HELP AT ALL
5. MADE THINGS WORSE

Thank you very much! Please feel free to discuss your answers with your counselor if you wish.