



2001 STATEWIDE ADULT CLIENT PERCEPTION SURVEY

[To be completed by RBHA]

RBHA ID: _____ Survey Tracking Number: _____

Facility ID: _____ Name of Service Agency: _____

Telemedicine: _____ Program: _____

Entitlement Status
(as of 10/01/00 i.e. TXIX,
TXXI or Non- TXIX/TXXI)

(English version)

Please help us improve our program by answering a few questions about the services you are currently receiving or have received. We are interested in your honest opinion. All responses are confidential. Your current and/or future services will not be affected because of your participation in this survey.

*After you have completed the survey, please fold and return it in the attached envelope before
April 30, 2001*

Thank you

*Please fill in the blank or check your answer to the following questions:
PLEASE USE PEN OR PENCIL*

Information about the Person Receiving Services:

Age

Sex Male Female

Race White Black Asian Native-American Other

Ethnicity Hispanic Not Hispanic or Latino

Person Completing This Survey Is:

- The person who is directly receiving services
- Other Parent/Guardian Friend Relative (Uncle, Aunt, Cousin, Grandparent, etc.)

Please continue to answer questions on the next page.



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PART II. Please mark your answer by filling in the bubbles completely.

1. I like the services that I received here.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

2. If I had other choices, I would still get services from this agency.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

3. I would recommend this agency to a friend or a family member.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

4. The location of services was convenient (parking, public transportation, distance, etc.).

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

5. Staff were willing to see me as often as I felt was necessary.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

6. Staff returned my calls within 24 hours.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

7. Services were available at times that were good for me.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

8. I was able to get all my services I thought I needed.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

9. I was able to see a psychiatrist when I wanted to.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

10. Staff here believe I can grow, change, and recover.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

11. I felt comfortable asking questions about my treatment medication.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

12. I felt free to complain.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

13. I was given information about my rights.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

14. Staff encouraged me to take responsibility for how I live my life.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

Please continue to answer questions on the next page.



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15. Staff told me what side effects to watch out for.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

16. Staff respected my wishes about who is and who is not, to be given information about my treatment.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

17. I, not staff, decided my treatment goals.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

18. Staff were sensitive to my cultural background (race, religion, language, etc.).

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

21. I deal more effectively with daily problems.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

22. I am better able to control my life.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

23. I am better able to deal with crisis.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

24. I am getting along better with my family.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

25. I do better in social situations.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

26. I do better in school and/or work.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

27. My housing situation has improved.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

28. My symptoms are not bothering me as much.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

Please continue to answer questions on the next page.



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PART III. Please mark your answer by filling in the bubbles completely.

1. In the last year, did you see a doctor or nurse in a hospital emergency room?

- Yes
- No
- Do not remember

2. In the last year, other than going to a hospital emergency room, did you see a doctor or nurse for a health check-up, physical exam or because you were sick?

- Yes
- No
- Do not remember

3. Developing my service/treatment plan was a useful experience.

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree
- Not Applicable

4. My service/treatment plan has been useful in achieving my treatment goals.

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree
- Not Applicable

5. My service/treatment plan deals with the problems that are bothering me.

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree
- Not Applicable

PART IV. Please use the space below to write any other comments or suggestions you have. PLEASE PRINT

**THANK YOU FOR YOUR COOPERATION
AND TIME IN COMPLETING THIS SURVEY!!!**

For Questions Regarding This Survey Please Contact:
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