



# 2001 YOUTH SERVICES 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:  
**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.**

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**1. Overall, I am satisfied with the services I received.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**As a result of the services I received:**

**2. I am better at handling daily life.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**3. I get along better with family members.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**4. I get along better with friends and other people.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**5. I am doing better in school and/or work.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**6. I am better able to cope when things go wrong.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**7. I am satisfied with my family life right now.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**Feedback about the services I received:**

**8. I helped to choose my services.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**9. I helped to choose my treatment goals.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**10. The people helping me stuck with me no matter what.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**11. I felt I had someone to talk to when I was troubled.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**12. The people helping me listened to what I had to say.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**Please continue to answer questions on the next page.**



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**13. I was actively involved in my own treatment.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**14. I received services that were right for me.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**15. The location of services was convenient.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**16. Services were available at times that were convenient for me.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**17. If I need services in the future, I would use these services again.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**18. I got the help I wanted.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**19. I got as much help as I needed.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**20. I, not staff decided my treatment goals.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**21. Staff treated me with respect.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**22. Staff understood my family's cultural traditions.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**23. Staff respected my family's religious/spiritual beliefs.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**24. Staff spoke with me in a way that I understood.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**25. Staff were sensitive to my cultural/ethnic background.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**26. I felt discriminated against while trying to get services here.**

Strongly Agree    Agree    I am Neutral    Disagree    Strongly Disagree    Not Applicable

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**Please continue to answer questions on the next page.**



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Please answer Questions 27 and 28 in the spaces provided below. **PLEASE PRINT**

27. What has been the most helpful thing about the services you received over the last 6 months?

Three stacked rectangular boxes for handwritten response to question 27.

28. What would you recommend to improve services? **PLEASE PRINT**

Three stacked rectangular boxes for handwritten response to question 28.

**PART III. Please continue to answer the following questions.**

29. Have you lived in any of the following places in the last 6 months? (CHECK ALL THAT APPLY)

- With one or both parents
- With another family member
- Foster Home
- Homeless shelter
- Group Home
- Residential Treatment Center
- Hospital
- Local Jail or Detention Facility
- State Correctional Facility
- Runaway/Homeless
- Other

Text box for handwritten response to "Other" in question 29.

30. In the last year, did you see a medical doctor (or nurse) for a health check up or because you were sick?  Yes  No

31. Have you been to court in the last six (6) months?  Yes  No

31a. If yes, were you charged with a crime?  Yes  No

32. What is your current grade in school?

- Preschool (0 - 4)
- Elementary (K - 5)
- Jr High/Middle School (6 - 8)
- High School (9 - 12)

32a. Not in school, why?

Text box for handwritten response to question 32a.

33. Have you been absent from school in the last 6 months?  Yes  No

33a. If yes, how many days?

Three small boxes for handwritten response to question 33a.

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

For Questions Regarding This Survey Please Contact:  
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