



2001 YOUTH SERVICES FOR FAMILIES 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 your child is currently receiving or has 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.

1. Overall, I am satisfied with the services my child received.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

As a result of the services my child and/or family received:

2. My child is better at handling daily life.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

3. My child gets along better with family members.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

4. My child gets along better with friends and other people.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

5. My child is doing better in school and/or work.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

6. My child is better able to cope when things go wrong.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

7. I am satisfied with our family life right now.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

Feedback about the services my child and/or family received:

8. I helped to choose my child's services.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

9. I helped to choose my child's treatment goals.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

10. The people helping my child stuck with us no matter what.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

11. I felt my child had someone to talk to when he/she was troubled.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

12. The people helping my child listened to what he/she had to say.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

Please continue to answer questions on the next page.



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13. I was frequently involved in my child's treatment.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

14. The services my child and/or family received were right for us.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

15. The location of services was convenient for us.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

16. Services were available at times that were convenient for us.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

17. If I need services for my child in the future, I would use these services again.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

18. My child and family got the help we wanted.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

19. My child and family got as much help as we needed.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

20. My child and family's needs determined my child's treatment goals.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

21. Staff treated us with respect.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

22. Staff understood my family's cultural traditions.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

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

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

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

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

25. Staff were sensitive to our cultural/ethnic background.

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

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

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

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 and your child received over the last 6 months?

Three empty rectangular boxes for text entry.

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

Three empty rectangular boxes for text entry.

PART III. Please continue to answer the following questions.

29. Has your child 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

Empty rectangular box for text entry next to 'Other'.

30. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? Yes No

31. Has your child been to court in the last six (6) months? Yes No

31a. If yes, was your child charged with a crime? Yes No

32. What is your child's 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?

Empty rectangular box for text entry.

33. Has your child been absent from school in the last 6 months? Yes No

33a. If yes, how many days?

Three empty square boxes for digit entry.

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

For Questions Regarding This Survey Please Contact:
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