

**NEW YORK CITY DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION & ALCOHOLISM SERVICES**

**Mental Health Adult Consumer Survey (MH-ACS)
Clinical Treatment Programs**

NOTE: This survey is to be completed only once. If you completed it earlier this month, do not complete it again.

Today's Date: _____

Program: _____

Did you start this program two months before today? Yes No

Please circle the answer to each of the following questions that best represents your opinion.

When answering these questions *think only about the program that has asked you to complete this survey. Do not evaluate other programs you may participate in.* Also, please base your answers on your overall experience in this program during the past year.

| | 1 | 2 | 3 | 4 | 5 | 0 |
|--|----------------|-------|--------------|----------|-------------------|----------------|
| 1. I like the services that I receive at this program. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 2. If I had other choices, I would still choose to get services at this program. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 3. I would recommend this program to a friend or family member. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | 0 |
|---|----------------|-------|--------------|----------|-------------------|----------------|
| 4. This program's location is convenient (parking, public transportation, distance, etc.) | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 5. This program's staff is willing to see me as often as I feel it is necessary. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 6. This program returns my calls within 24 hours | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 7. This program's services are available at times that are good for me. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 8. This program provides the services I think I need. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | 0 |
|---|----------------|-------|--------------|----------|-------------------|----------------|
| 9. This program's staff believe I can grow, change and recover. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 10. I feel free to complain at this program. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 11. This program's staff tells me what side effects to watch for. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 12. This program respects my wishes about who is and is not to be given information about my treatment. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 13. This program's staff are sensitive to my cultural/ethnic background. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 14. This program's staff help me obtain the information I need so I can take charge of managing my illness. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | 0 |
|---|----------------|-------|--------------|----------|-------------------|----------------|
| <u>As a Direct Result of Services I Receive at this Program:</u> | | | | | | |
| 15. I deal more effectively with daily problems. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 16. I am better able to control my life. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 17. I am better able to deal with crises. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 18. I am getting along better with my family. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 19. I do better in social situations. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 20. I do better in school and/or work. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 21. My symptoms are not bothering me as much. | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| | | | | | | |

MH-ACS last updated 7/17/00

For Questions about this survey please contact:
Robin Wunsch-Hitzig <rwunsch@dmh.nyc.gov> at the NYC Department of Mental Health