

# Proposed Consumer Survey Items

**MHSIP TASK FORCE ON MENTAL HEALTH REPORT CARD  
CONSUMER SURVEY**

In order to improve mental health services to people like you, we need to know what you think about the treatment you received, the people who provided it, and the results of this treatment.

Please indicate your agreement/disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9, to indicate that this item is not applicable to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I receive here . . . . .	1	2	3	4	5	9
2. If I had other options, I would not choose to get services from this agency . . . . .	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member . . . . .	1	2	3	4	5	9
4. I was unable to get some services I wanted because I could not pay for them . . . . .	1	2	3	4	5	9
5. The location of the services was convenient (parking, public transportation, distance, etc.)	1	2	3	4	5	9
6. Staff were willing to see me as often as I felt it was necessary. . . . .	1	2	3	4	5	9
7. Staff returned my call within 24 hours . . . . .	1	2	3	4	5	9
8. Services were available at times that were good for me . . . . .	1	2	3	4	5	9
9. I was unable to get the services I thought I needed . . . . .	1	2	3	4	5	9
10. I was able to see a psychiatrist when I wanted to . . . . .	1	2	3	4	5	9
11. Staff here believe that I can grow, change, and recover . . . . .	1	2	3	4	5	9
12. I felt comfortable asking questions about my treatment and medication . . . . .	1	2	3	4	5	9
13. I felt free to complain . . . . .	1	2	3	4	5	9
14. Staff respected my rights . . . . .	1	2	3	4	5	9
15. I was given information about my rights . . . . .	1	2	3	4	5	9
16. Staff encouraged me to take responsibility for how I live my life . . . . .	1	2	3	4	5	9
17. Staff told me what side effects to watch for . . . . .	1	2	3	4	5	9
18. Staff respected my wishes about who is, and is not, to be given information about my treatment . . . . .	1	2	3	4	5	9
19. I, not staff, decided my treatment goals . . . . .	1	2	3	4	5	9

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	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
20. Staff were not sensitive to my cultural/ethnic background . . . . .	1	2	3	4	5	9
21. Staff helped me obtain the information I needed so I could take charge of managing my illness. . . . .	1	2	3	4	5	9
22. Staff behaved as if I cannot choose what is best for me . . . . .	1	2	3	4	5	9
23. I was encouraged to use consumer-run programs (Support groups, drop-in centers, crisis phone line, etc.) . . . . .	1	2	3	4	5	9
24. Some of the services I received were not helpful	1	2	3	4	5	9
25. Staff I worked with were competent and knowledgeable . . . . .	1	2	3	4	5	9
<b>AS A DIRECT RESULT OF SERVICES I RECEIVED:</b>						
26. I deal more effectively with daily problems. . . . .	1	2	3	4	5	9
27. I feel better about myself . . . . .	1	2	3	4	5	9
28. I am better able to control my life. . . . .	1	2	3	4	5	9
29. I experienced harmful medication side effects	1	2	3	4	5	9
30. I am better able to deal with crisis . . . . .	1	2	3	4	5	9
31. I am getting along better with my family . . . . .	1	2	3	4	5	9
32. I do better in social situations. . . . .	1	2	3	4	5	9
33. I do better in schoolwork . . . . .	1	2	3	4	5	9
34. I do better with my leisure time . . . . .	1	2	3	4	5	9
35. My housing situation has improved . . . . .	1	2	3	4	5	9
36. My symptoms are not bothering me as much .	1	2	3	4	5	9
37. I have become more independent . . . . .	1	2	3	4	5	9
38. The medications I am taking help me control symptoms that used to bother me . . . . .	1	2	3	4	5	9
39. I have become more effective in getting what I need	1	2	3	4	5	9
40. I can deal better with people and situations that used to be a problem for me . . . . .	1	2	3	4	5	9

**MHSIP TASK FORCE ON MENTAL HEALTH REPORT CARD  
CONSUMER REPORT ITEMS  
(NOT ON CONSUMER SURVEY Instrument)**

**Work**

- |  |               |    |
|--|---------------|----|
| 1(a). During the past three months, have you worked at any time for at least minimum wage? | Yes           | No |
| 1(b). If yes, did you do this work for any amount of time four weeks in a row?             | Yes           | No |
| 2. During the last four weeks, how many days did you miss work?                            | _____         |    |
|  | (no. of days) |    |

**Involvement with Criminal Justice System**

- |  |     |    |
|--|-----|----|
| 1. During the last 12 months, have you been arrested and spent at least one day in jail? | Yes | No |
|--|-----|----|

**INVOLVEMENT WITH SELF-HELP ACTIVITIES**

- |   |     |    |
|---|-----|----|
| 1. Do you participate in a self-help group of support group? (For example, AA, NA, depression support group, family support group, etc? ..... | Yes | No |
| 2. Does your plan provide you with written information about mental illness?  | Yes | No |
| 3. Do you share information about mental illness with others?   | Yes | No |

**Positive Changes**

- |   |               |
|---|---------------|
| 1. During the past four weeks, to what extent has your physical health or emotional problems Interfered with your normal social activities? | (Circle one.) |
| Not at all .....  | 1             |
| Slightly .....  | 2             |
| Moderately .....  | 3             |
| Quite a bit .....   | 4             |
| Extremely .....   | 5             |

**Questions for Consumer (if information is not available through information systems).**

**Self Esteem (Rosenberg)**

- |   |     |    |
|---|-----|----|
| 1. I feel that I am a person of worth, at least on an equal basis with others | Yes | No |
| 2. I feel that I have a number of good qualities .....                        | Yes | No |
| 3. All in all, I am inclined to feel that I am a failure .....                | Yes | No |
| 4. I am able to do things as well as most other people....                    | Yes | No |
| 5. I feel I do not have much to be proud of .....                             | Yes | No |
| 6. I take a positive attitude toward myself .....                             | Yes | No |
| 7. On the whole, I am satisfied with myself .....                             | Yes | No |
| 8. I wish I could have more respect for myself .....                          | Yes | No |
| 9. I certainly feel useless at times .....                                    | Yes | No |
| 10. At times, I think that I am no good at all .....                          | Yes | No |
| 11. There is really no way I can solve some of the problems I have            | Yes | No |

**SF-36**

1. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Cut down on the amount of time you spent on work or other activities?	Yes	No
Accomplished less than you would like? .....	Yes	No
Didn't do work or other activities as carefully as usual?	Yes	No

2. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities?

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

2. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

**Questions for Consumer (if information is not available through information systems).**

Page 6 [Alternative: If information systems, include the following on consumer report survey:

1. During the past 12 months, were you admitted to a psychiatric hospital when you did not want to?]

	Yes	No
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Page 9 [Alternative: If information is not available on information systems, include the following on consumer report survey:

1. Does the agency providing you mental health services include consumers on :		
2. Advisory committees?	Yes	No
3. Planning groups?	Yes	No
4. Evaluation groups?	Yes	No
5. Quality improvement teams?]	Yes	No

Page 12 [Alternative: If not available on information systems, include the following item on consumer report survey:

1. Have you had a physical exam in the last 12 months?

	Yes	No
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