Survey Dates: Spring 2012





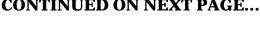
YOUTH SERVICES SURVEY FOR YOUTH (YSS)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. <u>EXAMPLE</u>: Correct Incorrect X

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	0	0	0	0	0	0
2. I helped to choose my services.	0	0	0	0	0	0
3. I helped to choose my treatment goals.	0	0	0	0	0	0
4. The people helping me stuck with me no matter what.	0	0	0	0	0	0
5. I felt I had someone to talk to when I was troubled.	0	0	0	0	0	0
6. I participated in my own treatment.	0	0	0	0	0	0
7. I received services that were right for me.	0	0	0	0	0	0
8. The location of services was convenient for me.	0	0	0	0	0	0
9. Services were available at times that were convenient for	me. O	0	0	0	0	0
10. I got the help I wanted.	0	0	0	0	0	0
11. I got as much help as I needed.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16. I am better at handling daily life.	0	0	0	0	0	0
17. I get along better with family members.	0	0	0	0	0	0
18. I get along better with friends and other people.	0	0	0	0	0	0
19. I am doing better in school and / or work.	0	0	0	0	0	0
20. I am better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with my family life right now.	0	0	0	0	0	0
22. I am better able to do things I want to do.	0	0	0	0	O ON NEXT	0

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For Questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	0	0	0	0	0	0
24. I have people that I am comfortable talking with about my problem(s).	0	0	0	0	0	0
25. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0
26. I have people with whom I can do enjoyable things.	0	0	0	0	0	0

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

28. What would improve the services here?

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Please answer the following questions to let us know how you are doing.

1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.)

in many of the following	S places in the last o months. (in	
 O With one or both parents O With another family member O Foster home O Therapeutic foster home O Crisis shelter 	 O Homeless shelter O Group home O Residential treatment center O Hospital O Local jail or detention facility 	O State correctional facility O Runaway / homeless / on the streets O Other (describe):
 2. In the last year, did you see a medic (Check one.) O Yes, in a clinic or office O Yes 	al doctor (or nurse) for a health c	
3. Are you on medication for emotiona3a. If yes, did the doctor or nurse t	-	
4. Approximately, how long have you r	eceived services here?	

4. Approximately, how long have you received services here?

• This is my first visit here.

- **O** 1 2 Months O More than 1 year
- O I have had more than one visit but have received services for less than one month.

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O 3 - 5 Months O 6 months to 1 year

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Please <u>a</u> nswer Questions #5-10 if you have been receiving mental health services for <u>ONE YEAR OR LESS</u> . If you have been receiving mental health services for 'MORE THAN ONE YEAR,' skip to question 11 below.								
5. Were you arrested since beginning to receive mental health services? O Yes O No								
6. Were you arrested during the 12 months prior to that? O Yes O No								
7. Since your began to receive mental health services, have your encounters with the police:								
 O been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program) O stayed the same O increased O not applicable (you had no police encounters this year or last year) 								
8. Were you expelled or suspended since beginning services? O $ m Yes$ O $ m No$								
9. Were you expelled or suspended during the 12 months prior to that? O Yes O No								
10. Since starting to receive services, the number of days you were in school is:								
O greater O about the same O less O does not apply (please select why this does not apply)								
O I did not have a problem with attendance before starting services								
O I was expelled from school								
O I am home schooled								
O I dropped out of school								
O other:								
SKIP to Question #17 on the next page								

Please answer Questions #11-16 only if you have been receiving mental health services for 'MORE THAN ONE YEAR.'

11. Were you arrested during the last 12 months? O Yes O No

12. Were you arrested during the 12 months prior to that? O Yes O No

13. Over the last year, have your encounters with the police:

O been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)

O stayed the same

O increased

O not applicable (you had no police encounters this year or last year)

- 14. Were you expelled or suspended during the last 12 months? O Yes O No
- 15. Were you expelled or suspended during the 12 months prior to that? O Yes O No

16. Over the last year, the number of days you were in school is:

O greater O about the same O less O does not apply (please select why this does not apply)

O I did not have a problem with attendance before starting services

- O I was expelled from school
- O I am home schooled
- O I dropped out of school

O other: _

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