

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.** *EXAMPLE:* Correct ● Incorrect ✕

Please answer the following questions based on the **last 6 months** OR 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.	<input type="radio"/>					
2. I helped to choose my services.	<input type="radio"/>					
3. I helped to choose my treatment goals.	<input type="radio"/>					
4. The people helping me stuck with me no matter what.	<input type="radio"/>					
5. I felt I had someone to talk to when I was troubled.	<input type="radio"/>					
6. I participated in my own treatment.	<input type="radio"/>					
7. I received services that were right for me.	<input type="radio"/>					
8. The location of services was convenient for me.	<input type="radio"/>					
9. Services were available at times that were convenient for me.	<input type="radio"/>					
10. I got the help I wanted.	<input type="radio"/>					
11. I got as much help as I needed.	<input type="radio"/>					
12. Staff treated me with respect.	<input type="radio"/>					
13. Staff respected my religious / spiritual beliefs.	<input type="radio"/>					
14. Staff spoke with me in a way that I understood.	<input type="radio"/>					
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>					

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.	<input type="radio"/>					
17. I get along better with family members.	<input type="radio"/>					
18. I get along better with friends and other people.	<input type="radio"/>					
19. I am doing better in school and / or work.	<input type="radio"/>					
20. I am better able to cope when things go wrong.	<input type="radio"/>					
21. I am satisfied with my family life right now.	<input type="radio"/>					
22. I am better able to do things I want to do.	<input type="radio"/>					

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CSI County Client Number
Must be entered on EVERY page



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.	<input type="radio"/>					
24. I have people that I am comfortable talking with about my problem(s).	<input type="radio"/>					
25. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					
26. I have people with whom I can do enjoyable things.	<input type="radio"/>					

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.)

- | | | |
|--|--|---|
| <input type="radio"/> With one or both parents | <input type="radio"/> Homeless shelter | <input type="radio"/> State correctional facility |
| <input type="radio"/> With another family member | <input type="radio"/> Group home | <input type="radio"/> Runaway / homeless / on the streets |
| <input type="radio"/> Foster home | <input type="radio"/> Residential treatment center | <input type="radio"/> Other (describe): _____ |
| <input type="radio"/> Therapeutic foster home | <input type="radio"/> Hospital | |
| <input type="radio"/> Crisis shelter | <input type="radio"/> Local jail or detention facility | |

2. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick? (Check one.)

- Yes, in a clinic or office Yes, but only in a hospital or emergency room No Do not remember

3. Are you on medication for emotional / behavioral problems? Yes No

3a. If yes, did the doctor or nurse tell you what side effects to watch for? Yes No

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

- | | | |
|--|--|--|
| <input type="radio"/> This is my first visit here. | <input type="radio"/> 1 - 2 Months | <input type="radio"/> More than 1 year |
| <input type="radio"/> I have had more than one visit but have received services for less than one month. | <input type="radio"/> 3 - 5 Months | |
| | <input type="radio"/> 6 months to 1 year | |

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*Please answer Questions #5-10 if you have been receiving mental health services for **ONE YEAR OR LESS**.
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? Yes No
6. Were you arrested during the 12 months prior to that? Yes No
7. Since your began to receive mental health services, have your encounters with the police:
- been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - stayed the same
 - increased
 - not applicable (you had no police encounters this year or last year)
8. Were you expelled or suspended since beginning services? Yes No
9. Were you expelled or suspended during the 12 months prior to that? Yes No
10. Since starting to receive services, the number of days you were in school is:
- greater
 - about the same
 - less
 - does not apply (please select why this does not apply)
 - I did not have a problem with attendance before starting services
 - I was expelled from school
 - I am home schooled
 - I dropped out of school
 - 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? Yes No
12. Were you arrested during the 12 months prior to that? Yes No
13. Over the last year, have your encounters with the police:
- been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - stayed the same
 - increased
 - not applicable (you had no police encounters this year or last year)
14. Were you expelled or suspended during the last 12 months? Yes No
15. Were you expelled or suspended during the 12 months prior to that? Yes No
16. Over the last year, the number of days you were in school is:
- greater
 - about the same
 - less
 - does not apply (please select why this does not apply)
 - I did not have a problem with attendance before starting services
 - I was expelled from school
 - I am home schooled
 - I dropped out of school
 - other: _____

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Please answer the following questions to let us know a little about you.

17. What is your gender? Female Male Other
18. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
19. What is your race? (Mark all that apply.)
- American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander Unknown
- Asian White / Caucasian
- Black / African American Other

20. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

Date of Birth (mm-dd-yyyy)

	□	□	-	□	□	-	□	□	□	□
0	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1990:

Date of Birth (mm-dd-yyyy)

1. Write in your child's date of birth → **04 - 30 - 1990**

2. Fill in the corresponding circles

0	<input type="radio"/>									
1	<input type="radio"/>									
2	<input type="radio"/>									
3	<input type="radio"/>									
4	<input type="radio"/>									
5	<input type="radio"/>									
6	<input type="radio"/>									
7	<input type="radio"/>									
8	<input type="radio"/>									
9	<input type="radio"/>									

21. Do you have Medi-Cal (Medicaid) insurance? Yes No
22. Were the services you received provided in the language you prefer? Yes No
23. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
24. Please identify who helped you complete any part of this survey (Mark all that apply):
- I did not need any help. A professional interviewer helped me.
- A mental health advocate / volunteer helped me. My clinician / case manager helped me.
- Another mental health consumer helped me. A staff member other than my clinician or case manager helped me.
- A member of my family helped me. Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

- Ref Imp Lan Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

CSI County Client Number

Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2 (mark only ONE bubble):

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3 (mark only ONE bubble):

- 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Reporting Unit:

