

Attachment 1 – Modular Survey Instrument

OMB No. 0930-0197
Expiration Date 01/31/2011

ID Number: _____

Date

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Month Day Year

Form Completed By: Client Other

I. Background Information

1. Your age: _____

2. Gender: Male Female

3. Are you Hispanic or Latino?
 No Yes

4. Which of the following best describes your racial/ethnic background?

Select one or more

- American Indian/Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

5. What is the primary reason for which you are currently receiving services?

- Mental health
- Substance abuse
- Both mental health and substance abuse
- Other (Please Specify) _____

6. How long have you been receiving services here for your current problem(s)?

- Less than 1 month
- 1 to 2 months
- 3 to 5 months
- 6 to 11 months
- 1 to 2 years
- More than two years (Specify) _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average **10 minutes** per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

7. Have you ever received treatment for this problem or a similar problem anywhere prior to coming here?

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- No Yes

If YES, where – select all that apply

- Hospital, residential treatment
 Outpatient, Day treatment
 Detox
 Crisis intervention / emergency room
 Half-way house
 Peer-support / self-help
 Other _____
(Please Specify)

8. Did you voluntarily come for services? (Select ALL that apply)

- Yes
 No, my treatment was **court ordered**
 No, I was pressured by family to come for services
 No, I was pressured by friends to come for services
 No, I was pressured by my work/school to come for services
 Other (Please Specify) _____

9. Did someone (counselor, therapist, or doctor) from this agency recommend or prescribe medication that was related to your treatment?

- No Yes

9a. If someone from this agency recommended or prescribed medication, were you told about the side effects of my medication.

- No Yes

10. When you came for services, were you given information about your rights as a client?

- No Yes

II. Survey Items

Please read each statement below and think about the services you have received. Fill in the circle that best describes how you feel.

		Disagree	Somewhat Agree	Agree	Strongly Agree	Does Not Apply
1.	When I needed services right away, I was able to see someone as soon as I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	The people I went to for services spent enough time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I helped to develop my service/treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I was given information about different services that were available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I was given enough information to effectively handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>As a result of the services (treatment) I have received . . .</i>						
7.	I am less bothered by my symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I am better able to accomplish the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I am not likely to use alcohol and/or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I am doing better at work/school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I get along with my teachers/boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	There is someone who cares about whether I am doing better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I have someone who will help when I have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I have people in my life who are a positive influence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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		Disagree	Somewhat Agree	Agree	Strongly Agree	Does Not Apply
16.	The people I care about are supportive of my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	People count on me to help them when they have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I have friends who are clean and sober.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I have someone who will listen to me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Using alcohol and/or drugs is a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I need to work on my problems with alcohol and/or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>