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# MHICM CONSUMER QUESTIONNAIRE

# OMB No. 2900-0770Estimated Burden: 10 minutes

# Expiration Date: 08/31/2017

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

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| Questions  | Response | Response | Response | Response | Response |
| 1. I am satisfied with the mental health services I receive from MHICM staff.  | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| 2. Staff and residents are sensitive to my cultural needs. | Strongly Agree | Agree | NoOpinion | Disagree | Strongly Disagree |
| 3. I am learning about my medications, their side effects, and how to take them by myself. | Strongly Agree | Agree | NoOpinion | Disagree | Strongly Disagree |
| 4. My case manager involves me in decisions about my care based on my needs, abilities,Preferences. | Strongly Agree | Agree | No Opinion | Disagree | StronglyDisagree |
| 5. People here encourage me to grow, change and strive towards recovery and healthylife habits. | Strongly Agree | Agree | NoOpinion | Disagree | Strongly Disagree |
| 6. Most of the groups I attend are beneficial for my treatment goals. | Strongly Agree | Agree | No Opinion | Disagree | StronglyDisagree |
| 7. My case manager assesses my safety by use of suicide risk assessment with each visit and/or my safety crisis management plan. | Strongly Agree | Agree | NoOpinion | Disagree | StronglyDisagree |
| 8. I am better able to handle things when they go wrong. | Strongly Agree | Agree | NoOpinion | Disagree | StronglyDisagree |
| 9. I am better able to do things I want to do. | Strongly Agree | Agree | No Opinion | Disagree | StronglyDisagree |
| 10. I got the services I needed. | StronglyAgree | Agree | No Opinion | Disagree | StronglyDisagree |
| 12. I felt like a valued customer. | Strongly Agree | Agree | NoOpinion | Disagree | StronglyDisagree |
| 13. I trust the VA to fulfil our country’s commitment to Veterans. | Strongly Agree | Agree | NoOpinion | Disagree | StronglyDisagree |

Use this space for any concerns, feedback, or improvements MHICM could make. Thank you!