

Clackamas County Behavioral Health Clinics Adult Consumer Services Survey – October 2015

Please help our agency make services better by answering some questions about the services you received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence the services you receive. Please indicate if you **Strongly Disagree**, **Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. Put a cross (X) in the box that best describes your answer. **Your honest answers will not negatively affect your services.** Thank you!

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Does Not Apply
1. I like the services that I received here.						
2. If I had other choices, I would still go to Clackamas County Behavioral Health Clinic.						
3. I would recommend this Clinic to a friend or family member.						
4. When I come to the Clinic, I feel physically safe.						
5. When I work with Clinic staff, I feel emotionally safe.						
6. I feel comfortable talking to Clinic staff about personal issues.						
7. I trust that Clinic staff will do what they say they are going to do, when they say they are going to do it.						
8. The people who work at the Clinic act in a respectful and professional way toward me.						
9. The Clinic offers me a lot of choices about the services I receive.						
10. I have a great deal of control over the kinds of services I receive, including when, where, and by whom the services are offered.						
11. Clinic staff members are willing to work with me (rather than doing things for me or to me).						
12. When decisions about my services or recovery plan are made, I feel like I am a partner with the staff, that they really listen to what I want to accomplish.						
13. Clinic staff recognize that I have strengths and skills, as well as challenges and difficulties.						
14. Clinic staff help me learn new skills that are helpful in reaching my goals.						
15. I understand when information about me will be kept private or when it will be shared.						
16. The staff are as sensitive as possible when they ask me about difficult or frightening experiences I may have had.						
17. I feel safe talking with staff about my experiences with violence, abuse or past traumas.						

FOR OFFICE USE ONLY

Location HILLTOP STEWART SANDY WICHITA OFFSITE Unit _____

Please complete other side → → →

As a direct result of services I am receiving:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Does Not Apply
18. I deal more effectively with daily problems.						
19. I am better able to handle things when they go wrong.						
20. I am getting along better with my family						
21. I do better in social situations.						
22. I do better in school and/or work.						

For questions 23-26 please answer for relationships with people other than your provider(s)

23. I am happy with the friendships I have.						
24. I have people with whom I can do enjoyable things.						
25. I feel I belong in my community.						
26. In a crisis, I would have the support I need from family or friends.						

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

28. What would improve services here?

29. How long have you been receiving services here?

- 0-3 months
 3-6 months
 6-12 months
 More than a year

Race/Ethnicity (please select as many as apply):

- Asian
 Black (African American)
 Latino/Hispanic
 Native American
 Native Hawaiian or Other Pacific Islander
 White (Caucasian)
 Other (please describe): _____

Gender: Male Female Transgender Prefer not to answer