

## YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)

Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST 6 MONTHS**. Your answers are confidential and will not influence the services you or your child 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. Thank you!!!

1. Overall, I am satisfied with the services my child received.
2. I helped to choose my child s services.
3. I helped to choose my child s treatment goals.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he/she was troubled.
6. I participated in my child s treatment.
7. The services my child and/or family received were right for us.
8. The location of services was convenient for us.
9. Services were available at times that were convenient for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.
12. Staff treated me with respect.
13. Staff respected my family s religious/spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural/ethnic background.
- As a result of the services my child and/or family received:
16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
21. I am satisfied with our family life right now.

<b>Strongly Disagree</b> (1)	<b>Disagree</b> (2)	<b>Undecided</b> (3)	<b>Agree</b> (4)	<b>Strongly Agree</b> (5)

22. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

\_\_\_\_\_

\_\_\_\_\_

23. What would improve the services here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Molly Brunk, 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

**Please answer the following questions to let us know how your child is doing.**

24. How long did your child receive services from this Center?

- a. Less than 1 month
- b. 1 -2 month
- c. 3-5 months
- d. 6 months to 1 year
- e. More than 1 year

25. Is your child still getting services from this Center?  Yes  No

26. Is your child currently living with you?  Yes  No

27. Has your child lived in any of the following places in the **last 6 months**? (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> a. With one or both parents   | <input type="checkbox"/> g. Group home                       |
| <input type="checkbox"/> b. With another family member | <input type="checkbox"/> h. Residential treatment center     |
| <input type="checkbox"/> c. Foster home                | <input type="checkbox"/> i. Hospital                         |
| <input type="checkbox"/> d. Therapeutic foster home    | <input type="checkbox"/> j. Local jail or detention facility |
| <input type="checkbox"/> e. Crisis Shelter             | <input type="checkbox"/> k. State correctional facility      |
| <input type="checkbox"/> f. Homeless shelter           | <input type="checkbox"/> l. Runaway/homeless/on the streets  |
|  | <input type="checkbox"/> m. Other (describe): _____          |

28. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)

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

29. Is your child on medication for emotional/behavioral problems?  Yes  No

29a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?  Yes  No

30. In the last month, did your child get arrested by the police?  Yes  No

31. In the last month, did your child go to court for something he/she did?  Yes  No

32. How often was your child absent from school during the last month?

- 1 day or less
- 2 days
- 3 to 5 days
- 6 to 10 days
- More than 10 days
- Not applicable/ not in school
- Do not remember

**Please answer the following questions to let us know a little about your child.**

**Child's Race:** (Check two if needed)

- \_\_\_ American Indian/Alaskan Native    \_\_\_ White (Caucasian)    \_\_\_ Black (African American)  
\_\_\_ Asian/Pacific Islander    \_\_\_ Other: Describe \_\_\_\_\_

**Are either of the child's parents Spanish/Hispanic/Latino?** \_\_\_ Yes \_\_\_ No

**Child's Birth Date:** \_\_\_\_\_

**Child's Gender:** \_\_\_ Male \_\_\_ Female

**Does your child have Medicaid insurance?** \_\_\_ Yes \_\_\_ No

*Thank you for taking the time to answer these questions!*