YOUTH SERVICES SURVEY (YSS)

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. Thank you!!!

	Strongly Disagree (1)	**Disagree** (2)	**Undecided** (3)	**Agree** (4)	**Strongly Agree** (5)
1. Overall, I am satisfied with the services I received.					
2. I helped to choose my services.					
3. I helped to choose my treatment goals.					
4. The people helping me stuck with me no matter what.					
5. I felt I had someone to talk to when I was troubled.					
6. I participated in my own treatment.					
7. I received services that were right for me.					
8. The location of services was convenient.					
9. Services were available at times that were convenient for me.					
10. I got the help I wanted.					
11. I got as much help as I needed.					
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.					
<u>As a result of the services I received:</u>					
16. I am better at handling daily life.					
17. I get along better with family members.					
18. I get along better with friends and other people.					
19. I am doing better in school and/or work.					
20. I am better able to cope when things go wrong.					
21 I am satisfied with my family life right now.					

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

_____

_____

23. What would improve the services here? _____

_____

_____

Molly Brunk, Ph.D, 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 you are doing.

24. How long did you receive services from this Center?

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

25. Are you still getting services from this Center? ☐Yes ☐No

26. Are you currently living with one or both parents? ☐Yes ☐No

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

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

28. **In the last year,** did you see a medical doctor (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 emergency room ☐No ☐Do not remember

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

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

30. In the last month, did you get arrested by the police? ☐Yes ☐No

31. In the last month, did you go to court for something you did? ☐Yes ☐No

32. How often were you 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 you.

Race: (Check two if needed)

___ American Indian/Alaskan Native ___ White (Caucasian) ___ Black (African American)

___ Asian/Pacific Islander ___ Other (describe): _____

Are either of your parents Spanish/Hispanic/Latino? ___ Yes ___ No

Gender: ___Male ___Female

Birth Date: _____ **Today's Date:** _____

Do you have Medicaid insurance? ___ Yes ___ No ____ Don't know

Thank you for taking the time to answer these questions!