

CM - 2008



Mark as shown: Please use a pen or a thin marker. This form will be processed automatically.
Correction: Please follow the examples shown to help optimize the reading results.

1. General Questions

1.1 Site Location Number

10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

1.2 Survey Number

1000th	<input type="checkbox"/>									
100th	<input type="checkbox"/>									
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

1.3 I have family members, friends, or professionals who give me a lot of support.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly Disagree		

1.4 My sex/gender is:

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No answer
<input type="checkbox"/> Transgender (MTF)	<input type="checkbox"/> Transgender (FTM)	

1.5 My sexual orientation is:

<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Gay/Lesbian/Homosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Not Sure	<input type="checkbox"/> No Answer	

1.6 My racial/ethnic background is:

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American/Alaska Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> More than one race

1.7 My age is:

<input type="checkbox"/> 13-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64
<input type="checkbox"/> 65 or older		

1.8 At any point, did you feel you were treated poorly at this agency?

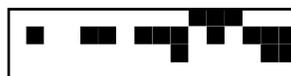
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1.9 If yes to question 1.8, what reason(s) do you feel may have caused you to be treated poorly? (Mark all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Age
<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Drug Use	<input type="checkbox"/> My difficulty speaking English
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Other Reasons	

1.10 If "Other Reasons" was marked in question 1.9, please explain in the box provided below.

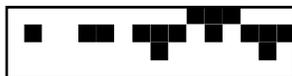
(Please turn over and complete the other side)



1. General Questions [Continue]

- 1.11 The language that I speak is: English Spanish Other
- 1.12 Because of a language barrier, I have problems understanding agency staff when I come in for or request services. Yes, Always Yes, Sometimes No, Never
- 1.13 I know that translation services, including services for the visually and hearing impaired, are available to me at this agency if I ask for it before my appointment. Yes, I know No, I did not know
- 1.14 I have completed this survey: By myself, with no help With some help from a staff person With someone reading the survey to me and filling it out for me.
- 1.15 I understand the reason I am required to provide certain documents to the agency and how that is related to the funding for the services I receive. Yes No
- 1.16 Do you know who to contact if you have a problem with or complaint about any of your services at this agency? Yes No, I don't know
- 1.17 Have you received a copy of the agency's grievance procedure? Yes No, I don't know

(Please continue to the next page)



2. Case Management

2.1 Site Location Number

10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.2 Survey Number

1000th	<input type="checkbox"/>									
100th	<input type="checkbox"/>									
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.3 Do you currently have a case manager?

Yes No Not Sure

2.4 How often do you meet with or talk with your case manager?

Several times a month Once a month Once every 2-3 months

Once every 3-6 months Once a year I do not meet with or talk with my case manager

2.5 The agency has provided case management services to me for:

Less than 1 year 1-2 years 3-5 years

More than 5 years

2.6 When I need an appointment with my case manager, I can schedule one soon enough for my needs.

All the time Most of the time Sometimes

Rarely Never

2.7 I keep my scheduled appointments with my case manager.

All the time Most of the time Sometimes

Rarely Never

2.8 My case manager helped me get services both here and, if needed, at other places.

All the time Most of the time Sometimes

Rarely Never

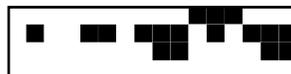
2.9 My case manager and I worked together to develop my service plan.

Yes No Not Sure

2.10 I understand that case management services are intended to help me become self-managing.

Yes No Not Sure

(Please turn over over and complete the other side)



2. Case Management [Continue]

2.11 Overall, my life has run more smoothly because of the help I received from my case manager. Yes No Not Sure

2.12 I know how to contact my case manager by phone if I need to do so. Yes No Not Sure

2.13 Overall, I am satisfied with the case management services I received over the past 12 months. Strongly Agree Agree Disagree Strongly Disagree

2.14 If I could change anything to make the case management services better for me and for others, it would be:

Thank you for completing the survey.

