

OPMH - 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.

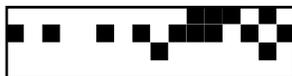
(Please turn over and complete the other side)



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

(Please continue to the next page)



2. Outpatient Mental Health Services

2.1 Site Location Number

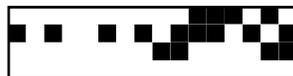
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

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 I have received outpatient mental health services at this agency for:
 - Less than 1 year
 - More than 5 years
 - 1-2 years
 - 3-5 years
- 2.4 When I need an appointment with my mental health provider, I can schedule one soon enough for my needs.
 - All the time
 - Rarely
 - Most of the time
 - Never
 - Sometimes
- 2.5 I keep my scheduled appointments with my mental health provider.
 - All the time
 - Rarely
 - Most of the time
 - Never
 - Sometimes
- 2.6 I know how to contact my mental health provider by phone if I need to do so.
 - Yes
 - No
 - Not Sure
- 2.7 I find it easy to talk openly with my mental health provider.
 - All of the time
 - Rarely
 - Most of the time
 - Never
 - Sometimes
- 2.8 My mental health provider shows an interest in me and helps me identify and understand my mental health needs.
 - Strongly Agree
 - Strongly Disagree
 - Agree
 - Disagree
- 2.9 My mental health provider has helped me develop skills that will allow me to handle future problems.
 - Strongly Agree
 - Strongly Disagree
 - Agree
 - Disagree
- 2.10 My mental health provider involves me in the planning of my treatment (such as setting treatment goals).
 - All of the time
 - Rarely
 - Most of the time
 - Never
 - Sometimes
- 2.11 My mental health provider knows about mental health issues and HIV.
 - Strongly Agree
 - Strongly Disagree
 - Agree
 - Disagree
- 2.12 My mental health provider has explained to me, in a way that I can understand, how my mental health medications (such as antidepressants) and my HIV medications might interact.
 - Yes
 - No
 - Does Not Apply

(Please turn over and complete the other side)



2. Outpatient Mental Health Services [Continue]

2.13 If I have needed it, my mental health provider has assisted me in getting further help (For example, enrolling in a day treatment program or being admitted to the hospital for further treatment). Yes No Does Not Apply

2.14 My mental health provider has helped me to feel better about myself and my overall mental health. Strongly Agree Agree Disagree
 Strongly Disagree

2.15 If I knew someone who was HIV positive and had a mental health issue or problem, I would refer her or him to this agency for help. Definitely Yes Maybe Definitely Not
 Not Sure

2.16 Overall, I am satisfied with the outpatient mental health treatment services I have received at this agency over the past 12 months. Strongly Agree Agree Disagree
 Strongly Disagree

2.17 If I could change anything to make the outpatient mental health treatment services at this agency better for me and for others, it would be:

Thank you for completing the survey.

