

## Participant Survey

### Mental Health Waiver Services Satisfaction Survey

**Service:** \_\_\_\_\_

<b>Agency:</b> _____	<b>Date Completed:</b> _____
----------------------	------------------------------

For each box, put an X in the circle that applies to you.

<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Age</b> <input type="radio"/> 22- 24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older	<b>Length of Service</b> <input type="radio"/> Less than 3 months <input type="radio"/> 3 months to 6 months <input type="radio"/> 6 months to 1 year <input type="radio"/> Over a year	<b>Race</b> <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Asian <input type="radio"/> Mixed <input type="radio"/> Other
---	--	---	--

	For each item, please circle a response.  Circle "NA" if the item does not apply to you.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	I like the Waiver service I receive.	SA	A	N	D	SD	NA
2.	Staff is willing to see me as often as I felt necessary.	SA	A	N	D	SD	NA
3.	Staff respects my home.	SA	A	N	D	SD	NA
4.	Staff believes I can grow, change and recover.	SA	A	N	D	SD	NA
5.	If felt comfortable asking questions about my services.	SA	A	N	D	SD	NA
6.	I felt free to complain.	SA	A	N	D	SD	NA
7.	I feel respected by the staff.	SA	A	N	D	SD	NA
8.	Staff helped me obtain information I needed so that I could take charge of managing my illness.	SA	A	N	D	SD	NA
9.	Staff was friendly and pleasant.	SA	A	N	D	SD	NA
10.	Staff arrived on time.	SA	A	N	D	SD	NA

For each item, CHECK the box that matches your view.  <b>As a result of this service I have received from this agency:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
I deal more effectively with my daily problems	SA	A	N	D	SD	NA
I am in better control of my life	SA	A	N	D	SD	NA
I am better able to deal with crisis	SA	A	N	D	SD	NA
I do better in social situations	SA	A	N	D	SD	NA
My symptoms are not bothering me as much	SA	A	N	D	SD	NA
I am able to pursue my interests.	SA	A	N	D	SD	NA
I can have the life I want, despite my disorder.	SA	A	N	D	SD	NA
I feel that these services help me stay in the community	SA	A	N	D	SD	NA
I am more involved in the community.	SA	A	N	D	SD	NA

Is there anything else that you would like to tell us about the Waiver service you receive?