

Agency ID: Clinic ID:

Survey Completion Date: / /
 M M D D Y Y Y Y

Louisiana Quality of Care Survey - Adult

- How long has the person been coming to this clinic?
- 1 This is my first visit
 - 2 Less than 1 month
 - 3 1-2 months
 - 4 3-5 months
 - 5 6 months – 1 year
 - 6 More than 1 year

- What is the survey location?
- 1 MH Center
 - 2 Alliance House
 - 3 VOA
 - 4 Drop-In Center
 - 5 Other

- Will the client take this survey?
- 1 Yes
 - 2 Client refused
 - 3 Language barrier
 - 4 Client too impaired
 - 5 Client will not take survey for other reason

- Is the client male or female?
- 1 Male
 - 0 Female

- Is the client Hispanic or Latino?
- 1 Yes
 - 0 No

- What is the client's race? (Select all that apply.)
- 1 American Indian or Alaska Native
 - 2 Asian
 - 3 Black or African American
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 White/Caucasian
 - 6 Other/Not Available

- What is the client's age group?
- 1 18-25
 - 2 26-35
 - 3 36-45
 - 4 46-55
 - 5 56-64
 - 6 65+

- What was the last grade the client completed?
- 1 1st
 - 2 2nd
 - 3 3rd
 - 4 4th
 - 5 5th
 - 6 6th
 - 7 7th
 - 8 8th
 - 9 9th
 - 10 10th
 - 11 11th
 - 12 12th
 - 13 Some College
 - 14 College Graduate
 - 15 GED
 - 16 Special Education

Please grade the quality of services you have been receiving using a grading scale similar to the one that teachers use in school.

	A for Excellent	B for Very Good	C for OK	D for Poor	F for Failing	Not Applicable
1. The location of the services (for example, parking, public transportation, distance).	A	B	C	D	F	*
2. Getting your phone calls returned promptly.	A	B	C	D	F	*
3. Getting services at times that were good for you.	A	B	C	D	F	*
4. Seeing a psychiatrist when you need to.	A	B	C	D	F	*
5. Staff's sensitivity to your cultural background (race, religion, language, etc).	A	B	C	D	F	*
6. The willingness of the staff to see you as often as necessary.	A	B	C	D	F	*
7. Your ability to get all the services you thought you needed.	A	B	C	D	F	*
8. Doctor/counselor being open to questions about your treatment and medications.	A	B	C	D	F	*
9. Doctor/counselor being open to your complaints.	A	B	C	D	F	*
10. Doctor/counselor giving you information about your rights.	A	B	C	D	F	*
11. Doctor/counselor giving you a choice about what is best for you.	A	B	C	D	F	*
12. Doctor/counselor helping you obtain the information you need to manage your illness.	A	B	C	D	F	*
13. Doctor/counselor encouraging you to use client-run programs (for example, support groups, drop-in centers, crisis phone lines).	A	B	C	D	F	*
14. Doctor/counselor involving you in deciding your treatment goals.	A	B	C	D	F	*
15. Staff's belief that you could grow, change and recover.	A	B	C	D	F	*
16. Staff's respect for your wishes about who is and who is not to be given information about your treatment.	A	B	C	D	F	*
17. Staff's encouragement of you to take responsibility for how you live your life.	A	B	C	D	F	*
18. How well you like the services you receive here.	A	B	C	D	F	*

How would you grade how well the services have helped you:	A for Excellent	B for Very Good	C for OK	D for Poor	F for Failing	Not Applicable
19. Deal more effectively with your daily problems.	A	B	C	D	F	*
20. Feel better about yourself.	A	B	C	D	F	*
21. Cope with a crisis.	A	B	C	D	F	*
22. Get along better with your family.	A	B	C	D	F	*
23. Do better in being able to work.	A	B	C	D	F	*
24. Do better with your leisure time.	A	B	C	D	F	*
25. Improve your housing situation.	A	B	C	D	F	*
26. Become more independent.	A	B	C	D	F	*
27. Deal with situations that used to be a problem for you.	A	B	C	D	F	*
28. Do better at being able to control your life.	A	B	C	D	F	*

The next three questions are about medications	A for Excellent	B for Very Good	C for OK	D for Poor	F for Failing	Not Applicable
29. How would you grade how well the doctor responded to any medication side effects?	A	B	C	D	F	*
30. How would you grade how well the staff told you what side effects to watch out for?	A	B	C	D	F	*
31. How would you grade how well the medications have helped control symptoms that used to bother you?	A	B	C	D	F	*

The next two items you may answer with simply Yes or No		
32. If you could go anywhere you wanted for services, would you continue to come here?	Yes (1)	No (0)
33. Would you recommend the clinic to a friend or family member?	Yes (1)	No (0)

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, indicate that this item does not apply to you.

As a direct result of the services I received...	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
34. My symptoms are not bothering me as much.	1	2	3	4	5	*
35. I do things that are more meaningful to me.	1	2	3	4	5	*
36. I am better able to take care of my needs.	1	2	3	4	5	*
37. I am better able to handle things when they go wrong.	1	2	3	4	5	*
38. I am better able to do things that I want to do.	1	2	3	4	5	*

For questions 39-42 please answer for relationships with persons other than your mental health provider(s)	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
39. I am happy with the friendships I have.	1	2	3	4	5	*
40. I have people with whom I can do enjoyable things.	1	2	3	4	5	*
41. I feel I belong in my community.	1	2	3	4	5	*
42. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	*