

Agency ID:

Clinic ID:

Survey Completion Date:

M M

D D

Y Y Y Y

Annual Adult Supplemental Survey

1. What is your age now?

2. Are you male or female?

1 ☐ Male0 ☐ Female

3. Are you Hispanic or Latino?

1 ☐ Yes0 ☐ No

4. What is your race? (Select all that apply.)

1 ☐ American Indian or Alaska Native2 ☐ Asian3 ☐ Black or African American4 ☐ Native Hawaiian or Other Pacific Islander5 ☐ White

5. How long have you received services from this agency?

1 ☐ Less than one month2 ☐ 1-5 months3 ☐ 6 months to 1 year4 ☐ More than 1 year

6. Are you covered by Medicaid or TennCare?

1 ☐ Yes0 ☐ No

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, select "Not Applicable."

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	1	2	3	4	5	*
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	*
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	*
4. The location of services was convenient (parking, public transportation, distance, etc.)	1	2	3	4	5	*
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	*
6. Staff returned my calls within 24 hours.	1	2	3	4	5	*
7. Services were available at times that were good for me.	1	2	3	4	5	*

8. Staff here believe that I can grow, change and recover.	1	2	3	4	5	*
9. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	*
10. I felt free to complain.	1	2	3	4	5	*
11. I was given information about my rights as a mental health consumer.	1	2	3	4	5	*
12. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	*
13. Staff told me what side effects to watch out for from my medications.	1	2	3	4	5	*
14. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	*
15. I, not staff, decided my treatment goals.	1	2	3	4	5	*
16. Staff were sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	*
17. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	*
18. Staff encouraged me to use consumer-run programs (support groups, drop-in/peer support centers, crisis phone lines, etc.).	1	2	3	4	5	*

As a direct result of services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
19. I deal more effectively with daily problems.	1	2	3	4	5	*
20. I am better able to control my life.	1	2	3	4	5	*
21. I am better able to deal with crisis.	1	2	3	4	5	*
22. I am getting along better with my family.	1	2	3	4	5	*
23. I do better in social situations.	1	2	3	4	5	*
24. I do better in school and/or work.	1	2	3	4	5	*
25. My housing situation has improved.	1	2	3	4	5	*
26. My symptoms are not bothering me as much.	1	2	3	4	5	*

27. I do things that are more meaningful to me.	1	2	3	4	5	*
28. I am better able to take care of my needs.	1	2	3	4	5	*
29. I am better able to handle things when they go wrong.	1	2	3	4	5	*
30. I am better able to do things that I want to do.	1	2	3	4	5	*
31. My encounters with the police have been reduced.	1	2	3	4	5	*

For questions 32-35 please answer for relationships with persons other than your mental health provider(s)

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
32. I am happy with the friendships I have.	1	2	3	4	5	*
33. I have people with whom I can do enjoyable things.	1	2	3	4	5	*
34. I feel I belong in my community.	1	2	3	4	5	*
35. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	*