

Agency ID:

Clinic ID:

Survey Completion Date:

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 M M D D Y Y Y Y

Annual Family/Guardian Supplemental Survey

1. What is the child's age now?

2. Is the child male or female?

- 1 ☐ Male
0 ☐ Female

3. Is the child Hispanic or Latino?

- 1 ☐ Yes
0 ☐ No

4. What is the child'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

5. How long has the child received services from this agency?

- 1 ☐ Less than one month
2 ☐ 1-5 months
3 ☐ 6 months to 1 year
4 ☐ More than 1 year

6. Is the child covered by Medicaid or TennCare?

- 1 ☐ Yes
0 ☐ 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. Overall, I am satisfied with the services my child received. | 1 | 2 | 3 | 4 | 5 | * |
| 2. I helped to choose my child's services. | 1 | 2 | 3 | 4 | 5 | * |
| 3. I helped to choose my child's treatment goals. | 1 | 2 | 3 | 4 | 5 | * |
| 4. The people helping my child stuck with us no matter what. | 1 | 2 | 3 | 4 | 5 | * |
| 5. I felt my child had someone to talk to when he/she was troubled. | 1 | 2 | 3 | 4 | 5 | * |
| 6. I participated in my child's treatment. | 1 | 2 | 3 | 4 | 5 | * |
| 7. The services my child and/or family received were right for us. | 1 | 2 | 3 | 4 | 5 | * |

| | | | | | | |
|---|-----------------------|--------------|---------------------|-----------------|--------------------------|-----------------------|
| 8. The location of services was convenient for us (parking, public transportation, distance, etc.). | 1 | 2 | 3 | 4 | 5 | * |
| 9. Services were available at times that were convenient for us. | 1 | 2 | 3 | 4 | 5 | * |
| 10. My family got the help we wanted for my child. | 1 | 2 | 3 | 4 | 5 | * |
| 11. My family got as much help as we needed for my child. | 1 | 2 | 3 | 4 | 5 | * |
| 12. Staff treated me with respect. | 1 | 2 | 3 | 4 | 5 | * |
| 13. Staff respected my family's religious/spiritual beliefs. | 1 | 2 | 3 | 4 | 5 | * |
| 14. Staff spoke with me in a way that I understood. | 1 | 2 | 3 | 4 | 5 | * |
| 15. Staff were sensitive to my cultural background. | 1 | 2 | 3 | 4 | 5 | * |
| As a result of the services my child and/or family received: | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 16. My child is better able to do things he or she wants to do. | 1 | 2 | 3 | 4 | 5 | * |
| 17. My child is better at handling daily life | 1 | 2 | 3 | 4 | 5 | * |
| 18. My child gets along better with family members. | 1 | 2 | 3 | 4 | 5 | * |
| 19. My child gets along better with friends and other people. | 1 | 2 | 3 | 4 | 5 | * |
| 20. My child is doing better in school and/or work. | 1 | 2 | 3 | 4 | 5 | * |
| 21. My child is better able to cope when things go wrong. | 1 | 2 | 3 | 4 | 5 | * |
| 22. I am satisfied with our family life right now. | 1 | 2 | 3 | 4 | 5 | * |
| 23. My child's encounters with the police have been reduced. | 1 | 2 | 3 | 4 | 5 | * |
| For questions 24-27 please answer for relationships with persons other than your mental health provider(s) | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
| 24. I know people who will listen and understand me when I need to talk. | 1 | 2 | 3 | 4 | 5 | * |
| 25. I have people that I am comfortable talking with about my child's problems. | 1 | 2 | 3 | 4 | 5 | * |
| 26. In a crisis, I would have the support I need from family or friends. | 1 | 2 | 3 | 4 | 5 | * |
| 27. I have people with whom I can do enjoyable things. | 1 | 2 | 3 | 4 | 5 | * |