

**San Joaquin County Behavioral Health Services
Consumer Satisfaction Survey - 2017**

Please answer the following questions based on the services that you have received **during the past 6 months** at San Joaquin County Behavioral Health Services (SJCBS). If the question is about something you have not experienced, please mark the box "**I Don't Know - N/A**". You may complete one survey at each program where you have received services.

Today's Date: _____

Name of Program where you are receiving services today: _____

Please check here if you also completed this survey at another clinic/program during this week.

Race/Ethnicity: _____ Age: _____ I am a parent, legal guardian or caregiver of the consumer
 Gender: Male Female Other

Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know N/A
1. I was able to see someone who could help me promptly with my concerns regarding my mental health and/or substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long did you wait? _____					
2. I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel free to complain or write a grievance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was informed of my prescribed medications, effects and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff was courteous, respectful and sensitive to my cultural concerns and background: (race, religion, language, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. Race/Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5e. Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was informed by my provider about consumer-run programs (support groups, drop-in centers, consumer support warm-line, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I received the services in my preferred language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I like the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Please indicate your suggestions or comments that may help us to improve our services:					

