



**WESTERN MENTAL
HEALTH CENTER**

Adult

Staff Use Only:

Client # _____

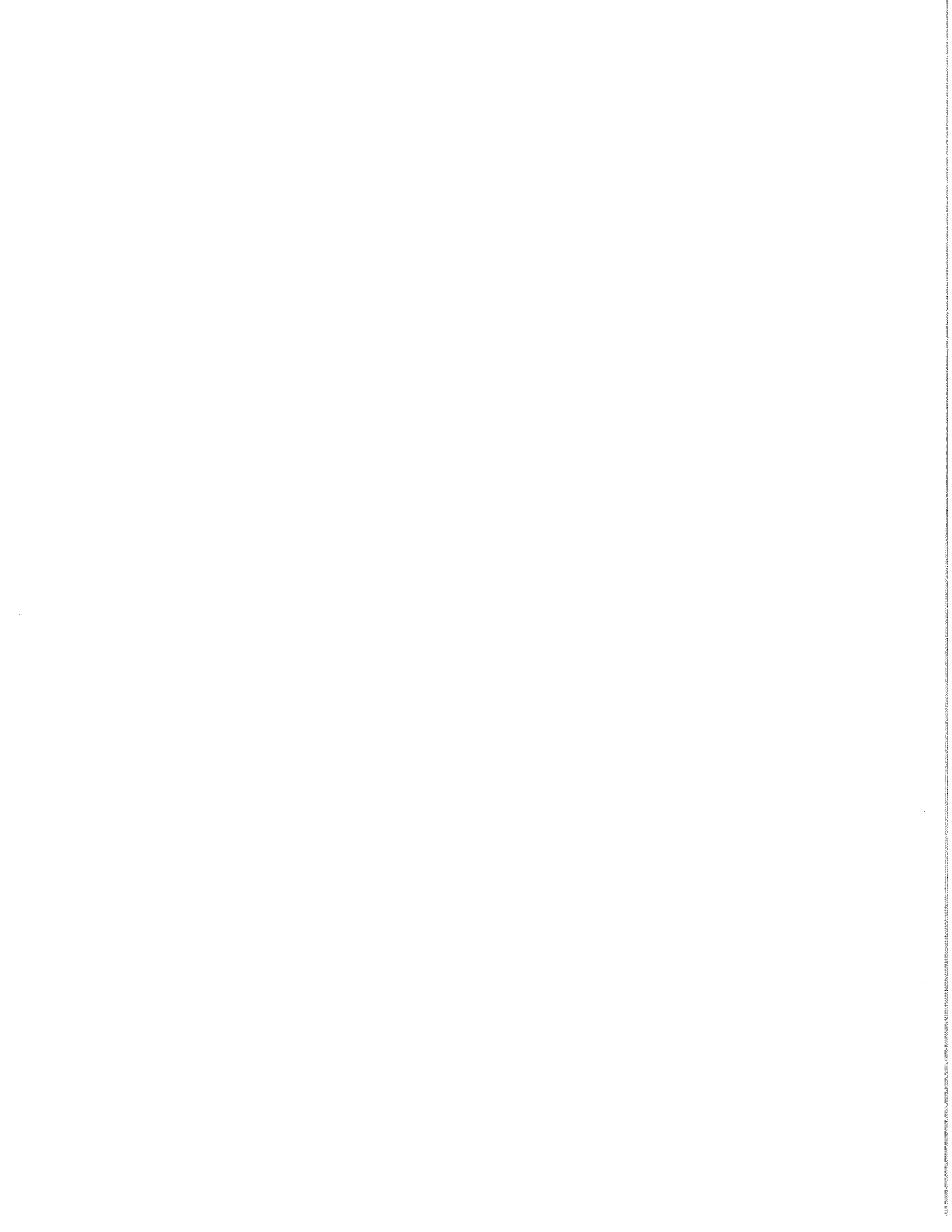
Assessment Type:

- Baseline (new client)
- Reassessment (every 6 months)
- Clinical Discharge

Return completed form to Intake

Today's Date: _____

Client Name _____



A. DEMOGRAPHIC DATA

1. What is your gender?

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) _____
- REFUSED

2. Are you Hispanic or Latino?

- YES
- NO [GO TO 3.]
- REFUSED [GO TO 3.]

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> [IF YES, SPECIFY BELOW.]

3. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is your month and year of birth?

/
 MONTH YEAR

- REFUSED

A. DEMOGRAPHIC DATA (CONTINUED)

5. Which one of the following do you consider yourself to be?

- Heterosexual; that is, straight
- [IF FEMALE, THEN "Lesbian"] or Gay
- Bisexual
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

B. FUNCTIONING

1. How would you rate your overall health right now?

- Excellent
- Very Good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

2. Please select the one answer that most closely matches your situation. *I feel capable of managing my health care needs:*

- On my own most of the time
- On my own some of the time and with support from others some of the time
- With support from others most of the time
- Rarely or never
- REFUSED
- DON'T KNOW

B. FUNCTIONING (CONTINUED)

3. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. I deal effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am getting along with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I do well in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I do well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My housing situation is satisfactory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My symptoms are not bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel ...	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	REFUSED	DON'T KNOW
a. nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION	RESPONSE OPTIONS						
During the past 30 days...	Not at All	Slightly	Moderately	Considerably	Extremely	REFUSED	DON'T KNOW
g. how much have you been bothered by these psychological or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. FUNCTIONING (CONTINUED)

5. The following questions ask about how you have been feeling during the last 4 weeks.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks ...	Very Poor	Poor	Neither Good nor Poor	Good	Very Good	REFUSED	DON'T KNOW
a. how would you rate your quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks ...	Not at All	A Little	Moderately	Mostly	Completely	REFUSED	DON'T KNOW
b. do you have enough energy for everyday life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL HEALTH DIAGNOSES	BEHAVIORAL HEALTH DIAGNOSES						
In the last 4 weeks ...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
c. how satisfied are you with your ability to perform your daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. how satisfied are you with your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. how satisfied are you with yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. how satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. FUNCTIONING (CONTINUED)

6. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
In the past 30 days, how often have you used ...						
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. alcoholic beverages (beer, wine, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1. <i>[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE]</i> How many times in the past 30 days have you had five or more drinks in a day? <i>[CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b2. <i>[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE]</i> How many times in the past 30 days have you had four or more drinks in a day? <i>[CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. methamphetamine (speed, crystal meth, ice, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. sedatives or sleeping pills (Valium, Serenax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. street opioids (heroin, opium, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. other – specify (e-cigarettes, etc.): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. MILITARY FAMILY AND DEPLOYMENT

7. Have you ever served in the Armed Forces, the Reserves, or the National Guard?

- YES
- NO *[GO TO 8.]*
- REFUSED *[GO TO 8.]*
- DON'T KNOW *[GO TO 8.]*

[IF YES] In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.

Branch of Service	YES	NO	REFUSED	DON'T KNOW
• Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• National Guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

- YES
- NO *[GO TO 7b.]*
- REFUSED *[GO TO 7b.]*
- DON'T KNOW *[GO TO 7b.]*

[IF YES] In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.

Branch of Service	YES	NO	REFUSED	DON'T KNOW
• Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• National Guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

7b. Have you ever been deployed to a combat zone?

- YES
- NO *[GO TO 8.]*
- REFUSED *[GO TO 8.]*
- DON'T KNOW *[GO TO 8.]*

[IF YES] To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.

Combat Zones	YES	NO	REFUSED	DON'T KNOW
Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persian Gulf (Operation Desert Shield or Desert Storm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam/Southeast Asia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WWII	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

- Yes, only one person
- Yes, more than one person
- No
- REFUSED
- DON'T KNOW

B. VIOLENCE AND TRAUMA

9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- YES
- NO *[GO TO 11.]*
- REFUSED *[GO TO 11.]*
- DON'T KNOW *[GO TO 11.]*

B. VIOLENCE AND TRAUMA (CONTINUED)

10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:

In the past and/or present you ...	YES	NO	REFUSED	DON'T KNOW
a. Have had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt numb and detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never
- Once
- A few times
- More than a few times
- REFUSED
- DON'T KNOW

C. STABILITY IN HOUSING

1. In the past 30 days, how many ...	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	____ ____	<input type="radio"/>	<input type="radio"/>
b. nights have you spent in a hospital for mental health care?	____ ____	<input type="radio"/>	<input type="radio"/>
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	____ ____	<input type="radio"/>	<input type="radio"/>
d. nights have you spent in correctional facility including jail or prison?	____ ____	<input type="radio"/>	<input type="radio"/>

[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1A-1D, CANNOT EXCEED 30 NIGHTS.)]

____|____

e. times have you gone to an emergency room for a psychiatric or emotional problem?	____ ____	<input type="radio"/>	<input type="radio"/>
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[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]

C. STABILITY IN HOUSING (CONTINUED)

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

- OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- ADULT FOSTER CARE
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- CORRECTIONAL FACILITY (JAIL/PRISON)
- NURSING HOME
- VA HOSPITAL
- VETERAN'S HOME
- MILITARY BASE
- OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

3. In the last 4 weeks ...

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks ...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
a. how satisfied are you with the conditions of your living place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?

[IF ENROLLED] Is that full time or part time?

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

D. EDUCATION AND EMPLOYMENT (CONTINUED)

2. What is the highest level of education you have finished, whether or not you received a degree?

- LESS THAN 12TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- SOME COLLEGE OR UNIVERSITY
- BACHELOR'S DEGREE (BA, BS)
- GRADUATE WORK/GRADUATE DEGREE
- REFUSED
- DON'T KNOW

3. Are you currently employed?

[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]

- EMPLOYED FULL TIME (35+ HOURS PER WEEK OR WOULD HAVE BEEN)
- EMPLOYED PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

3a. *[IF EMPLOYED.]*

	Yes	No	REFUSED	DON'T KNOW
• Are you paid at or above the minimum wage? ¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Are your wages paid directly to you by your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Could anyone have applied for this job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In the last 4 weeks ...

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
	Not at All	A Little	Moderately	Mostly	Completely	REFUSED	DON'T KNOW
In the last 4 weeks ...							
a. have you enough money to meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ For information on federal minimum wage, go to <https://www.dol.gov/general/topic/wages>.

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

____|____| TIMES ○ REFUSED ○ DON'T KNOW

F. PERCEPTION OF CARE

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. Staff here believe that I can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staff respected my wishes about who is and who is not to be given information about my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. PERCEPTION OF CARE (CONTINUED)

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
k. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. I like the services I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2. *[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE RESPONDENT FOR THIS INTERVIEW.]*

- ADMINISTRATIVE STAFF
- CARE COORDINATOR
- CASE MANAGER
- CLINICIAN PROVIDING DIRECT SERVICES
- CLINICIAN NOT PROVIDING SERVICES
- CONSUMER PBER
- DATA COLLECTOR
- EVALUATOR
- FAMILY ADVOCATE
- RESEARCH ASSISTANT STAFF
- SELF-ADMINISTERED
- OTHER (SPECIFY) _____

G. SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have family or friends that are supportive of my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I generally accomplish what I set out to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

