

5. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your mental health provider(s).)	Response Options						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
a. I am happy with the friendships I have.	<input type="checkbox"/>						
b. I have people with whom I can do enjoyable things.	<input type="checkbox"/>						
c. I feel I belong in my community.	<input type="checkbox"/>						
d. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>						

STOP HERE AND DO NOT COMPLETE QUESTION 6 IF THIS IS AN INITIAL/INTAKE VISIT

6. Please indicate your level of agreement or disagreement with each sentence selecting the choice that best represents your opinion over the past 30 days. If the question is about something you have not experienced, please select "not applicable" in the last column.	Response Options						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
a. Staff here believes that I can grow, change and recover.	<input type="checkbox"/>						
b. I felt free to voice concern.	<input type="checkbox"/>						
c. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>						
d. Staff are sensitive to my cultural background (race, religion, language, etc.)	<input type="checkbox"/>						
e. Staff helped me obtain the information I needed so that I could take charge of managing my problems/issues.	<input type="checkbox"/>						
f. I was encouraged to use consumer run programs (support groups, drop-in center, crisis phone line, etc.)	<input type="checkbox"/>						
g. I felt comfortable asking questions about my treatment and medication.	<input type="checkbox"/>						
h. I, not staff, decided my treatment goals.	<input type="checkbox"/>						
i. I like the services I received here.	<input type="checkbox"/>						
j. If I had other choices, I would still get services from this agency.	<input type="checkbox"/>						
k. I would recommend this agency to a friend or family member.	<input type="checkbox"/>						
l. Services were available at times that were good for me.	<input type="checkbox"/>						
m. I was able to get all the services I thought I needed.	<input type="checkbox"/>						
n. I am better able to control my life.	<input type="checkbox"/>						
o. I am getting along better with my family.	<input type="checkbox"/>						
p. I do better in school and/or work.	<input type="checkbox"/>						
q. My housing situation has improved.	<input type="checkbox"/>						
r. I can deal more effectively with daily problems.	<input type="checkbox"/>						