

Adult MH Tool – Initial Interview

| 4. 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 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | <input type="checkbox"/> |
| 2. I have people with whom I can do enjoyable things. | <input type="checkbox"/> |
| 3. I feel I belong in my community. | <input type="checkbox"/> |
| 4. In a crisis, I would have the support I need from family or friends. | <input type="checkbox"/> |
| Domain: Improved Functioning Domain: Questions 5-8 | | | | | | | |
| 5. I do things that are more meaningful to me. | <input type="checkbox"/> |
| 6. I am able to take care of my needs. | <input type="checkbox"/> |
| 7. I am able to handle things when they go wrong. | <input type="checkbox"/> |
| 8. I am able to do things that I want to do. | <input type="checkbox"/> |