

Adult MH Tool – Update Interval

5. Please answer the following question based on the past 30 days...	Number of Nights/Times	Don't know					
How many times have you been arrested? <small>*Federally required Element</small>	—	<input type="checkbox"/>					
6. Please answer the following questions based on the past 6 months...	Number of Nights/Times	Don't know					
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>					
b. How many nights have you spent in a facility for:							
i. Detoxification?	—	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>					
iii. Mental Health Care?	—	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>					
c. How many times have you been arrested?	—	<input type="checkbox"/>					
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>					
e. How many times have you tried to commit suicide?	—	<input type="checkbox"/>					
7. 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 better able to take care of my needs.	<input type="checkbox"/>						
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>						
8. I am better able to do things that I want to do.	<input type="checkbox"/>						
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.	<input type="checkbox"/>						
10. Staff was willing to see me as often as I felt it was necessary	<input type="checkbox"/>						
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>						
12. Services were available at times that were good for me.	<input type="checkbox"/>						
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>						

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Domains: Perception of Quality and Appropriateness Questions 14-21							
14. Staff believed that I could grow, change and recover.	<input type="checkbox"/>						
15. I felt free to complain.	<input type="checkbox"/>						
16. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>						
17. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>						
18. Staff helped me obtain the information needed so I could take charge of managing my illness.	<input type="checkbox"/>						
19. I was given information about my rights.	<input type="checkbox"/>						
20. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>						
21. I was encouraged to use consumer-run programs.	<input type="checkbox"/>						
Domain: Perceptions of Outcomes Questions 22-29							
22. I deal more effectively with daily problems.	<input type="checkbox"/>						
23. I am better able to control my life.	<input type="checkbox"/>						
24. I am better able to deal with crisis.	<input type="checkbox"/>						
25. I am getting along better with my family.	<input type="checkbox"/>						
26. I do better in social situations.	<input type="checkbox"/>						
27. I do better in school and/or work.	<input type="checkbox"/>						
28. My symptoms are not bothering me as much.	<input type="checkbox"/>						
29. My housing situation has improved.	<input type="checkbox"/>						
Domain: Perceptions of Participation in Treatment Planning Questions 30 and 31							
30. I felt comfortable asking questions about my treatment.	<input type="checkbox"/>						
31. I, not staff, decided my treatment goals.	<input type="checkbox"/>						
Domain: General Satisfaction Questions 32-34							
32. I liked the services that I received here.	<input type="checkbox"/>						
33. If I had other choices, I would still get services at this agency.	<input type="checkbox"/>						
34. I would recommend this agency to a friend or family member.	<input type="checkbox"/>						