

## Crosswalk for the Consumer Satisfaction Surveys 2011 - 2014

DOMAIN	Question #	MHSIP	Question #	YSS	Question #	YSS-F
<b>SATISFACTION</b>	1	I like the services that I received here.#	1	Overall, I am satisfied with the services I received.#	1	Overall, I am satisfied with the services my child received.#
	2	If I had other choices, I would still get services from this agency.	10	The people helping me stuck with me no matter what.	11	The people helping my child stuck with us no matter what.
	3	I would recommend this agency to a friend or family member.	11	I felt I had someone to talk to when I was troubled.	12	I felt my child had someone to talk to when he/she was troubled.
			13	I received the services that were right for me.	14	The services my child and/or family received were right for us.
			16	I got the help I wanted.	17	If I need services for my child in the future, I would use these services again.
			17	I got as much help as I needed.	18	My family received the help we wanted for my child.
					19	My family received as much help as we needed for my child.
<b>ACCESS TO SERVICES</b>	4	The location of services was convenient (parking, public transportation, distance, etc.)	14	The location of services was convenient.	15	The location of services was convenient for us.
	5	Staff was willing to see me as often as I felt it was necessary.#	15	Services were available at times that were convenient for me.	16	Services were available at times that were convenient for us.
	6	Staff returned my calls in 24 hours.				
	7	Services were available at times that were good for me.				
	8	I was able to get all the services I thought I needed.#				
	9	I was able to see a psychiatrist, clinician or therapist when I wanted to.				
<b>QUALITY/ APPROPRIATENESS</b>	10	Staff here believes that I can grow, change and recover.#				
	12	I felt free to complain.				
	13	I was given information about my rights.				
	14	Staff encouraged me to take responsibility for how I live my life.				
	15	Staff told me what side effects to watch out for.				
	16	Staff respected my wishes about who is and who is not to be given information about my treatment.				
	20	Staff was sensitive to my cultural background (race, religion, language, etc.)				
	21	Staff helped me obtain the information I needed so that I could take charge of managing my illness.#				
	22	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)				
<b>PARTICIPATION</b>	11	I felt comfortable asking questions about my treatment and/or medication.#	8	I helped to choose my services.#	9	I helped to choose my child's services.#
	17	I, not staff, decided my treatment goals.#	9	I helped to choose my treatment goals.#	10	I helped to choose my child's treatment goals.#
			12	I was actively involved in my treatment.#	13	I was frequently involved in my child's treatment.#
<b>OUTCOMES</b>	23	I deal more effectively with daily problems.#	2	I am better at handling daily life.#	2	My child is better at handling daily life.
	24	I am better able to control my life.#	3	I get along better with family members.	3	My child gets along better with family members.
	25	I am better able to deal with crisis.#	4	I get along better with friends and other people.	4	My child gets along better with friends and other people.
	26	I am getting along better with my family.	5	I am doing better in school and/or work.	5	My child is doing better in school and/or work.
	27	I do better in social situations.	6	I am better able to cope when things go wrong.#	6	My child is better able to cope when things go wrong.
	28	I do better in school and/or work.	7	I am satisfied with my family life right now.	7	I am satisfied with our family life right now.
	29	My housing situation has improved.				
	30	My symptoms are not bothering me as much.				
<b>CULTURAL SENSITIVITY</b>			18	Staff treated me with respect.	22	Staff treated me with respect.
			19	Staff respected my family's religious/spiritual beliefs.	23	Staff understood my family's cultural traditions.
			20	Staff spoke with me in a way that I understood.	24	Staff respected my family's religious/spiritual beliefs.
			21	Staff was sensitive to my cultural/ethnic background.	25	Staff spoke with me in a way that I understood.
					26	Staff were sensitive to my cultural/ethnic background.

## Crosswalk for the Consumer Satisfaction Surveys 2011 - 2014

DOMAIN	Question #	MHSIP	Question #	YSS	Question #	YSS-F
<b>CRIMINAL JUSTICE CONTACT</b>	40	Were you arrested during the last 12 months?	24	Were you arrested during the past 12 months?	36	Was your child arrested during the last 12 months?
	41	Were you arrested during the 12 months prior to that?	25	Were you arrested during the 12 months prior to that?	37	Was your child arrested during the 12 months prior to that?
	42	Over the last year, have your encounters with the Police (a) been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable ( I had no Police encounters this year or last year.			38	Since your child began services, have their encounters with the Police (a) been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable (they had no Police encounters this year or last year).
<b>SCHOOL ATTENDANCE</b>			26	Were you expelled or suspended during the past 12 months?	39	Was your child expelled or suspended since beginning services?
			27	Were you expelled or suspended during the 12 months prior to that?	40	Was your child expelled or suspended during the 12 months prior to that?
			28	Since starting to receive services, the number of days I was in school is: greater, about the same , less, does not apply.	41	Since starting to receive services, the number of days my child was in school is (a) greater, (b) about the same, (c) less, (d) does not apply (select reason)- child did not have a problem with attendance before starting services, child is too young to be in school, child was expelled from school, child is home schooled, child dropped out of school, or other (list)-----
<b>SOCIAL CONNECTEDNESS- As a result of the services /my child received...</b>	35	I am happy with the friendships I have.			27	I know people who will listen and understand me when I need to talk.
	36	I have people with whom I can do enjoyable things.			28	I have people that I am comfortable talking with about my child's problems.
	37	I feel I belong in my community.			29	In a crisis, I would have the support I need from family or friends.
	38	In a crisis, I would have to support I need from family or friends.			30	I have people that I am comfortable talking to about private things.
<b>IMPROVED FUNCTIONING - As a result of the services /my child received...</b>	31	I do things that are more meaningful to me.			2	My child is better at handling daily life (moved from Outcomes).
	32	I am better able to take care of my needs			3	My child gets along better with family members (moved from Outcomes).
	33	I am better able to handle things when they go wrong.			4	My child gets along better with friends and other people (moved from Outcomes).
	34	I am better able to do things that I want to do.			5	My child is doing better in school and/or work (moved from Outcomes).
	30	My symptoms are not bothering me as much (moved from Outcomes).			6	My child is better able to cope when things go wrong (moved from Outcomes).
					8	My child is better able to do things he/she wants to do.
<b>Wellness</b>	11	<i>I felt comfortable asking questions about my treatment and/or medication.#</i>	13	<i>I received the services that were right for me.</i>	14	<i>The services my child and/or family received were right for us.</i>
	14	<i>Staff encouraged me to take responsibility for how I live my life.</i>	22	<i>My Therapist and/or psychiatrist discusses wellness related activities with me during my appointments.</i>	20	<i>My Therapist and/or psychiatrist discusses wellness related activities with me during my child's appointments.</i>
	15	<i>Staff told me what side effects to watch out for.</i>	23	<i>Wellness activities are an important part of my recovery plan.</i>	21	<i>Wellness activities are an important part of my child's recovery plan.</i>
	16	<i>Staff respected my wishes about who is and who is not to be given information about my treatment.</i>			33	<i>In the last year, did your child see a medical doctor (or nurse) for a health checkup or because he/she was sick?</i>
	18	<i>My Therapist and/or psychiatrist discusses wellness related activities with me during my appointments.</i>			34a	<i>Did the doctor or nurse tell you and/or your child what side effect to watch for with the medication?</i>
	19	<i>Wellness activities are an important part of my recovery plan.</i>				
	28	<i>My symptoms are not bothering me as much.</i>				
	31	<i>Staff helped me obtain the information I needed so that I could take charge of managing my illness.#</i>				

Italicized modules and questions are new or have moved from another module.

# CLIENT PERCEPTION OF CARE