

### Exhibit Q

## DCF Consumer Satisfaction Survey–ADULT

Date Survey Completed ( <b>required</b> ):		Provider ID Number ( <b>required</b> ):			
Program Type ( <b>select only one-required</b> ):		<input type="checkbox"/> Adult Mental Health	<input type="checkbox"/> Adult Substance Abuse	County:	
Purpose of Survey:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Annual	<input type="checkbox"/> Other	<input type="checkbox"/> Consumer Declined	
Type of Person Completing the Survey:	<input type="checkbox"/> Consumer	<input type="checkbox"/> Legal Guardian of adult consumer		Consumer ID ( <b>required</b> ):	
<b>Demographic Information (Consumer):</b>					
Age:		Gender ( <b>required</b> ):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Race ( <b>required</b> ):	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial
	<input type="checkbox"/> American Indian or Alaskan Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Other

Please respond based on your most recent experiences by answering some questions about the services you have received. We want to know what you think of this program – whether positive or negative. For each statement, please fill in the circle that best describes your opinion.	Ratings					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was seen for services on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was able to talk to staff when I needed to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I received services when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It was easy for me to get to the office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I had a complaint(s), it was handled well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received services that were very helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The staff helped me find other services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall, I am satisfied with the services that I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The staff cares about whether I get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have become more independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If I were to have problems, I would return to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. This program has helped me improve the quality of my life. (con't p.2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exhibit Q

DCF Consumer Satisfaction Survey–ADULT	Page 2					
<p>Please respond based on your most recent experiences by answering some questions about the services you have received. We want to know what you think of this program – whether positive or negative. For each statement, please fill in the circle that best describes your opinion.</p>	Ratings					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
14. I would recommend this program to other people who need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The staff has involved me in deciding my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am better now at dealing with people and situations that used to be a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The staff is sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The services were focused on my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The staff person, with whom I have worked with most closely, has been helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel 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"/>
22. This program has helped me to feel better about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am happy with the friends I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. 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"/>
30. 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"/>
31. In a crisis, I would have the support I need from family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thank you for completing this survey.**

### Exhibit Q

## DCF Consumer Satisfaction Survey - CHILDREN

Date Survey Completed ( <b>required</b> ):		Provider ID Number ( <b>required</b> ):			
Program Type ( <b>select only one-required</b> ):		<input type="checkbox"/> Children Mental Health	<input type="checkbox"/> Children Substance Abuse	County:	
Purpose of Survey:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Annual	<input type="checkbox"/> Other	<input type="checkbox"/> Consumer Declined	
Type of Person Completing the Survey:	<input type="checkbox"/> Consumer	<input type="checkbox"/> Legal Guardian of consumer		Consumer ID ( <b>required</b> ):	

Demographic Information (Consumer):					
Age:			Gender ( <b>required</b> ):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race ( <b>required</b> ):	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial
	<input type="checkbox"/> American Indian or Alaskan Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Other

Please respond based on your most recent experiences by answering some questions about the services you have received. We want to know what you think of this program – whether positive or negative. For each statement, please fill in the circle that best describes your opinion.	Ratings					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was seen for services on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was able to talk to staff when I needed to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I received services when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It was easy for me to get to the office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I had a complaint(s), it was handled well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received services that were very helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The staff helped me find other services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall, I am satisfied with the services that I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt I had someone to talk to when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I helped to choose my treatment goals. ( <b>continue to page 2</b> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exhibit Q

DCF Consumer Satisfaction Survey–CHILD	Page 2					
<p>Please respond based on your most recent experiences by answering some questions about the services you have received. We want to know what you think of this program – whether positive or negative. For each statement, please fill in the circle that best describes your opinion.</p>	Ratings					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
13. I get along better with friends and other people.	○	○	○	○	○	○
14. I got as much help as I needed.	○	○	○	○	○	○
15. Staff respected my ethnic background.	○	○	○	○	○	○
16. I helped choose my services.	○	○	○	○	○	○
17. I get along better with family members.	○	○	○	○	○	○
18. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
19. I got the help I wanted.	○	○	○	○	○	○
20. I was free to practice my religion.	○	○	○	○	○	○
21. I am better able to do things I want to do.	○	○	○	○	○	○
22. I am better at handling daily life.	○	○	○	○	○	○
23. I am doing better in school and/or work.	○	○	○	○	○	○
24. I know people who will listen and understand me when I need to talk.	○	○	○	○	○	○
25. I have people I am comfortable talking with about my problems.	○	○	○	○	○	○
26. In a crisis, I would have the support I need from family and friends.	○	○	○	○	○	○
27. I have people with whom I can do enjoyable things.	○	○	○	○	○	○

**Thank you for completing this survey.**