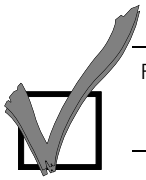
Your Opinion Counts!
TOP Post 36



Please take a few moments to complete this short survey about how you have been doing during the last month and about the treatment you received. Just check (☑) the appropriate box.

Client ID#: _____ ***Client Name #:*** _____

	STRONGLY DISAGREE	*DISAGREE*	*NEUTRAL*	*AGREE*	*STRONGLY AGREE*
(The following items concern how you feel about your life in general.)					
1. I am satisfied with my life.	☐	☐	☐	☐	☐
2. I feel good about myself.	☐	☐	☐	☐	☐
3. I am happy with the way I look.	☐	☐	☐	☐	☐
4. I have a good relationship with my family.	☐	☐	☐	☐	☐
5. I have supportive friends.	☐	☐	☐	☐	☐
6. My health is good.	☐	☐	☐	☐	☐
7. I experience little physical pain.	☐	☐	☐	☐	☐
8. I have adequate physical strength.	☐	☐	☐	☐	☐
9. I enjoy my leisure time.	☐	☐	☐	☐	☐
10. I am happy with my job/work.	☐	☐	☐	☐	☐
(The following items concern feelings you may have had during the last month.)					
11. I have feelings of hopelessness about the future.	☐	☐	☐	☐	☐
12. I feel worthless.	☐	☐	☐	☐	☐
13. I feel blue.	☐	☐	☐	☐	☐
14. I feel weak in parts of my body.	☐	☐	☐	☐	☐
15. My heart pounds and races.	☐	☐	☐	☐	☐
16. I have to avoid certain things, places, or situations because they frighten me.	☐	☐	☐	☐	☐
17. I feel that people, in general, are unfriendly and dislike me.	☐	☐	☐	☐	☐
18. I have urges to beat, injure, or harm someone.	☐	☐	☐	☐	☐
19. I feel that I am being watched or talked about by others.	☐	☐	☐	☐	☐
(The following items describe difficult or stressful situations you may have experienced during the last month.)					
20. I have recently had a physical fight with someone.	☐	☐	☐	☐	☐
21. I have recently tried to harm myself or had a plan to do so.	☐	☐	☐	☐	☐
22. I have recently become upset or angry.	☐	☐	☐	☐	☐
23. I have recently broken things or destroyed property.	☐	☐	☐	☐	☐
24. I am able to get around in the community on my own.	☐	☐	☐	☐	☐
25. I can get help when I need it.	☐	☐	☐	☐	☐
26. I take care of my home and living space.	☐	☐	☐	☐	☐
27. I am functioning well at my work/school.	☐	☐	☐	☐	☐
(The following items ask your opinion about the treatment you received.)					
28. I feel better after receiving treatment.	☐	☐	☐	☐	☐
29. I am satisfied with the services I received.	☐	☐	☐	☐	☐
30. I would return for treatment if I needed help.	☐	☐	☐	☐	☐
31. My diagnosis and treatment were explained to me.	☐	☐	☐	☐	☐
32. Treatment staff spent enough time with me.	☐	☐	☐	☐	☐
33. Treatment staff were understanding of my needs.	☐	☐	☐	☐	☐
34. Rules and procedures were reasonable.	☐	☐	☐	☐	☐
35. My privacy was respected.	☐	☐	☐	☐	☐
36. The facilities were comfortable and pleasant in appearance.	☐	☐	☐	☐	☐

(Thank you for completing the questions. Please add any comments on the back on this form.)

BHC