



Consumer Survey of  
Mental Health-Related Services

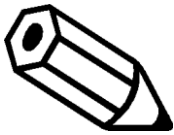
by

The Veterans' Advisory Council (VAC) on Mental Health\*  
Fort Harrison, Montana

The Fort Harrison Veteran's Advisory Council on Mental Health wants to know about the quality of mental health-related care you receive at Fort Harrison and in clinics and other facilities around the state. **This survey is for Veterans only.** *All responses are confidential.* Your opinions and suggestions may improve conditions and/or circumstances for all Veterans receiving mental health-related care at VA facilities in Montana. *Thank you for taking the time to respond.*

Please print, complete survey and mail to address on page 4.

**START HERE**



1. Today's date is: \_\_\_\_\_.
2. Town Veteran Lives Closest to: \_\_\_\_\_.
3. Town/City and Place Where Services are Received: \_\_\_\_\_.
4. Did someone complete the survey on behalf of you, the Veteran? If your answer is yes, please state the nature of your relationship to the Veteran:  
\_\_\_\_\_.
5. Please check all VA services that apply to you or to the Veteran that you represent:

(Check Here)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Outpatient (Individual and/or Group Therapy)              |
| <input type="checkbox"/> | Evaluation/Assessment/Psychological Testing               |
| <input type="checkbox"/> | Crisis Services   |
| <input type="checkbox"/> | Inpatient (Psychiatric Hospitalization)                   |
| <input type="checkbox"/> | Case Management (Help Managing Your Care)                 |
| <input type="checkbox"/> | Other Mental-Health Related Services - Please List Below: |
| <input type="checkbox"/> | Medication Management Services, for example               |
| <input type="checkbox"/> | TeleMed   |
| <input type="checkbox"/> | Contracted Services                                       |
| <input type="checkbox"/> |   |

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6. **What is your racial or ethnic background? Please check all that apply.**

(Check Here)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | American Indian* or Alaska Native  |
| <input type="checkbox"/> | Black, African American or Negro   |
| <input type="checkbox"/> | Native Hawaiian or Pacific Islander (Tonga, Fiji, Tahiti, etc.)          |
| <input type="checkbox"/> | Asian (China, India, Philippines, Japan, Korea, Viet Nam, Guam or Samoa) |
| <input type="checkbox"/> | Caucasian (White)  |
| <input type="checkbox"/> | Hispanic (Latino, Mexican, Spanish, Puerto Rican or Cuban, Chicano etc.) |
| <input type="checkbox"/> | *Please list tribe:  |

7. **Veteran's Gender:**      \_\_\_\_ Male      \_\_\_\_ Female

(Check One)

8. Please **circle** the number that best represents your opinion:

| <b>As a result of services received:</b>    | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
|---|----------------|-------|---------|----------|-------------------|----------------|
| I am satisfied with the services I receive. | 1              | 2     | 3       | 4        | 5                 | 6              |


9. Please **circle** the number that best represents your opinion as a result of services received for each statement below:

| <b>As a result of services received:</b>                 | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
|--|----------------|-------|---------|----------|-------------------|----------------|
| A. My symptoms don't bother me as much.                  | 1              | 2     | 3       | 4        | 5                 | 6              |
| B. I handle my daily life better.                        | 1              | 2     | 3       | 4        | 5                 | 6              |
| C. I get along better with family.                       | 1              | 2     | 3       | 4        | 5                 | 6              |
| D. I get along better with friends and others.           | 1              | 2     | 3       | 4        | 5                 | 6              |
| E. I am better able to cope when things go wrong.        | 1              | 2     | 3       | 4        | 5                 | 6              |
| F. I am now better able to accomplish what I need to do. | 1              | 2     | 3       | 4        | 5                 | 6              |

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9. (continued) Please **circle** the number that best represents your opinion as a result of services received for each statement below:

| <b>As a result of services received:</b>   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
|--|----------------|-------|---------|----------|-------------------|----------------|
| G. I helped choose my own treatment goals.                                       | 1              | 2     | 3       | 4        | 5                 | 6              |
| H. My therapist stuck with me no matter what.                                    | 1              | 2     | 3       | 4        | 5                 | 6              |
| I. I knew I had someone to talk to when things got tough.                        | 1              | 2     | 3       | 4        | 5                 | 6              |
| J. Crisis services were available and helpful when I needed them.                | 1              | 2     | 3       | 4        | 5                 | 6              |
| K. I was able to see a psychiatrist when I needed to.                            | 1              | 2     | 3       | 4        | 5                 | 6              |
| L. I am grateful for the help that I received from the VA.                       | 1              | 2     | 3       | 4        | 5                 | 6              |
| M. The location of services was convenient for me.                               | 1              | 2     | 3       | 4        | 5                 | 6              |
| N. Services were available at times that were convenient for me.                 | 1              | 2     | 3       | 4        | 5                 | 6              |
| O. I would use these services again.   | 1              | 2     | 3       | 4        | 5                 | 6              |
| P. My family got help in my treatment, too.                                      | 1              | 2     | 3       | 4        | 5                 | 6              |
| Q. VA staff treated me with respect.   | 1              | 2     | 3       | 4        | 5                 | 6              |
| R. VA staff respected my religious, spiritual and/or cultural beliefs.           | 1              | 2     | 3       | 4        | 5                 | 6              |
| S. I was treated without any sort of discrimination.                             | 1              | 2     | 3       | 4        | 5                 | 6              |
| T. I am happy with the friendships I have.                                       | 1              | 2     | 3       | 4        | 5                 | 6              |
| U. I have people in my life that I enjoy.  | 1              | 2     | 3       | 4        | 5                 | 6              |
| V. I feel that I belong in my community.   | 1              | 2     | 3       | 4        | 5                 | 6              |
| W. In a crisis, I think I would have the support I need from family and friends. | 1              | 2     | 3       | 4        | 5                 | 6              |

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10. What has been the most helpful thing about the services you received from VA mental health in the last six (6) months?

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11. What would you change about VA mental health-related services if you could?

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12. Where do you live? (with family, own home, crisis shelter, correction facility, hospital, homeless shelter, nursing home, transitional facility, etc.)

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13. What is your year of birth? \_\_\_\_\_ (year)

14. How far do you travel to obtain VA mental health-related services? \_\_\_\_\_ (miles)

Thanks again for completing the survey.

Please return the survey to:

Consumer Survey  
Veterans' Advisory Council  
Post Office Box 11  
Fort Harrison, Montana 59636-0011

\*Please note that this survey was not produced by the Veterans' Administration. The Veterans' Advisory Council on mental health is comprised of Veterans, families of Veterans, Veterans' service program representatives and mental health-related program staff.