

Agency Name: _____ Client's Age: _____

Therapist's Name: _____

Please use this as age appropriate. Have youth complete this form before their last therapy session. Please scan to Community Response at vouchers@columbusunitedway.com. Thank you!

Mental Health Voucher Satisfaction Survey

Outcomes:

As a Direct Result of Services I Received:

- 1. I deal more effectively with daily problems.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 2. I am better able to control my life.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 3. I am getting along better with my family.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 4. I do better in social situations.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 5. I do better in school and/or work.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 6. My symptoms are not bothering me as much.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

General Satisfaction:

- 7. I like the services that I received here.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

Functioning:

As a Direct Result of Services I Received:

- 8. I am better able to take care of my needs.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 9. I am better able to handle things when they go wrong.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

Social Connectedness:

- 10. I am happy with the friendships I have.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

- 11. In a crisis, I would have the support I need from family or friends.**
Strongly Agree Agree Neutral Disagree Strongly Disagree