

Today's Date: \_\_\_\_\_ Provider Agency: \_\_\_\_\_

To provide the best possible services, ADAMH needs to know what you think about the services you and your family receive, the people who provide services, and the results. If you and your family receive services from more than one provider, please answer only for the provider listed above.

Please **DO NOT** write your name or a family member's name on this survey or the envelope.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I like the services my family receives at my provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from my provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend my provider to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services is convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Services are available at times that were good for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treat my family with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff respect my family's religious/spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff speak with my family in a way that we understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff are sensitive to my family's cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have people I'm comfortable talking with about my family member's problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. 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"/>

**About You:** ADAMH believes all members of our community should benefit equally from the services we support. Answering these questions helps us understand possible inequities and develop strategies to address them moving forward.

Age: \_\_\_\_\_

Race/Ethnicity (all that apply):

- American Indian or Alaska Native
- Asian
- Black, African, or African American
- Hispanic or Latin American
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- \_\_\_\_\_

ZIP Code (where you live): \_\_\_\_\_

Did you come to the U.S. as an immigrant or refugee?

- No
- Yes; country of origin: \_\_\_\_\_

Gender (all that apply):

- Man
- Woman
- Nonbinary
- I'm not sure
- Transgender
- \_\_\_\_\_

Sexual Identity/Orientation (all that apply):

- Asexual
- Pansexual
- Bisexual
- Straight or heterosexual
- Gay
- I'm not sure
- Lesbian
- \_\_\_\_\_

If you have a grievance or concern, contact our Client Rights Advocate at 614.222.3743 or phedden@adamhfranklin.org.