

Today's Date: _____ Provider Agency: _____

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

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I like the services that my child 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, my child 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 child's 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 me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treat me 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 me in a way that I 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 cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About Your Child: 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.

Please think of the child served by this provider when answering these questions.

Age: _____

ZIP Code (where you live): _____

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
- _____

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

- No
- Yes; country of origin: _____

Gender (all that apply):

- Boy
- Girl
- Nonbinary
- I'm not sure
- Transgender
- _____

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