YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)

Revised Version: February 17, 2006

Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST 6 MONTHS.** Your answers are confidential and will not influence the services you or your child receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross **(X)** in the box that best describes your answer. Thank you!!!

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Overall, I am satisfied with the services my child received -----------------					
2. I helped to choose my child s services ---					
3. I helped to choose my child s treatment goals--------------------------------					
4. The people helping my child stuck with us no matter what -----------------					
5. I felt my child had someone to talk to when he/she was troubled ----------					
6. I participated in my child s treatment--					
7. The services my child and/or family received were right for us ------------					
8. The location of services was convenient for us -------------------------------					
9. Services were available at times that were convenient for us ---------------					
10. My family got the help we wanted for my child ------------------------------					
11. My family got as much help as we needed for my child---------------------					
12. Staff treated me with respect ---					
13. Staff respected my family s religious/spiritual beliefs -----------------------					
14. Staff spoke with me in a way that I understood-------------------------------					
15. Staff were sensitive to my cultural/ethnic background-----------------------					
<u>As a result of the services my child and/or family received</u>:					
16. My child is better at handling daily life --					
17. My child gets along better with family members -----------------------------					
18. My child gets along better with friends and other people--------------------					
19. My child is doing better in school and/or work -------------------------------					
20. My child is better able to cope when things go wrong -----------------------					
21. I am satisfied with our family life right now ----------------------------------					
22. My child is better able to do things he or she wants to do -------------------					
<u>As a result of the services my child and/or family received: *please answer for relationships with persons other than your mental health provider(s)*</u>					
23. I know people who will listen and understand me when I need to talk ----					
24. I have people that I am comfortable talking with about my child's problems. ---					
25. In a crisis, I would have the support I need from family or friends.--------					
26. I have people with whom I can do enjoyable things-------------------------					

27. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

____

____

28. What would improve the services here? ____________________________________

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Please answer the following questions to let us know how your child is doing.

29. Is your child currently living with you? ☐ Yes ☐ No

30. Has your child lived in any of the following places in the **last 6 months**? (CHECK ALL THAT APPLY)

- ☐ a. With one or both parents
- ☐ b. With another family member
- ☐ c. Foster home
- ☐ d. Therapeutic foster home
- ☐ e. Crisis Shelter
- ☐ f. Homeless shelter
- ☐ g. Group home
- ☐ h. Residential treatment center
- ☐ i. Hospital
- ☐ j. Local jail or detention facility
- ☐ k. State correctional facility
- ☐ l. Runaway/homeless/on the streets
- ☐ m. Other (describe): ________________

31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)

☐ Yes, in a clinic or office ☐ Yes, but only in a hospital emergency room ☐ No ☐ Do not remember

32. Is your child on medication for emotional/behavioral problems? ☐ Yes ☐ No

32a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐ Yes ☐ No

33. Is your child still getting services from this Center? ☐ Yes ☐ No

34. How long did your child receive services from this Center?

- ☐ a. Less than 1 month
- ☐ b. 1 -5 months
- ☐ c. 6 months to 1 year
- ☐ d. More than 1 year (skip to questions 41)

(a–c → questions 35–40)

35. Was your child arrested since beginning to receive mental health services?
☐ Yes ☐ No

36. Was your child arrested during the 12 months prior to that?
☐ Yes ☐ No

37. Since your child began to receive mental health services, have their encounters with the police…
- ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- ☐ b. stayed the same
- ☐ c. increased
- ☐ d. not applicable (They had no police encounters this year or last year

38. Was your child expelled or suspended during since beginning services?
☐ Yes ☐ No

39. Was your child expelled or suspended during the 12 months prior to that?
☐ Yes ☐ No

40. Since starting to receive services, the number of days my child was in school is
- a. ☐ Greater
- b. ☐ About the same
- c. ☐ Less
- d. ☐ Does not apply (please select why this does not apply)
  - i. ☐ child did not have a problem with attendance before starting services
  - ii. ☐ child is too young to be in school
  - iii. ☐ child was expelled from school
  - iv. ☐ child is home schooled
  - v. ☐ Child dropped out of school
  - vi. ☐ Other: ______________________

41. Was your child arrested during the last 12 months?
☐ Yes ☐ No

42. Was your child arrested during the 12 months prior to that?
☐ Yes ☐ No

43. Over the last year, have your child's encounters with the police…
- ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- ☐ b. stayed the same
- ☐ c. increased
- ☐ d. not applicable (They had no police encounters this year or last year

44. Was your child expelled or suspended during the last 12 months?
☐ Yes ☐ No

45. Was your child expelled or suspended during the 12 months prior to that?
☐ Yes ☐ No

46. Over the last year, the number of days my child was in school is
- a. ☐ Greater
- b. ☐ About the same
- c. ☐ Less
- d. ☐ Does not apply (please select why this does not apply)
  - i. ☐ child did not have a problem with attendance before starting services
  - ii. ☐ child is too young to be in school
  - iii. ☐ child was expelled from school
  - iv. ☐ child is home schooled
  - v. ☐ Child dropped out of school
  - vi. ☐ Other: ______________________

Please answer the following questions to let us know a little about your child.

A. **Are either of the child's parents of Spanish/Hispanic/Latino?**

☐ Hispanic or Latino Origin ☐ Not of Hispanic or Latino Origin

B. **What is your Child's Race?** (mark all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black (African American)

☐ Native Hawaiian or Other Pacific Islander ☐ White (Caucasian) ☐ Other: Describe ______________

C. **Child's Birth Date: __________**

D. **Child's Gender:** ____ Male ____ Female

E. **Does your child have Medicaid insurance?** ____ Yes ________ No

Thank you for taking the time to answer these questions!