

**The Consumer Satisfaction Team, Inc.
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Philadelphia, PA 19123
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Family Member Questionnaire

CST would like to know what you, as a family member, think of the behavioral health services that your loved one is receiving. Please take just a few minutes to fill out and return this form.

1. What types of services does your family member receive?

- Adult Mental Health**
- Substance Abuse**
- Child/Adolescent Behavioral Health Services**
- Dual//Co-Occurring**

2. What is the name of the agency that provides your family member's services?

3. Have you ever been contacted by staff about your family member's services?

Yes **No**

If yes, check all that apply.

- To get/give information about your family member.**
- Offering you information on resources.**
- Offering you to participate in giving feedback.**
- Offering suggestions.**
- Other (please explain)**

4. Have you ever been offered or informed about free support services for yourself? If yes, which support services were you told about.

Yes **No** **Unsure (Please explain)**

5. Do you think the services your family member receives focuses on his/her needs?

Yes **No** **Unsure (Please explain)**

6. Has your family member demonstrated an improvement in his/her life since receiving services?
If so, how?
 Yes No Unsure (Please explain)

7. How involved are you in your family member's recovery?

8. Do you feel that your family member is learning how to function better in the community?
If so, why?
 Yes No Unsure

9. Are you familiar with the recovery initiative that is taking place within Department of Behavioral Health? If not, would you like more information?
 Yes No
 I would like more information Not interested

10. On a scale from 1 to 3, 3 being the highest, how satisfied are you with the services your family member receives?

If you know who is paying for your family member's treatment or living arrangements, please let us know (CBH, OMH, or Private insurance, etc.): _____

Optional: If you want CST to contact you, please fill out this information:

Name:

Phone:

Address: