

Section A: Person Evaluation of Mental Health Services

Interviewer Instructions:

Read each question as it is written and use the “PEIS Administration Support Worksheet” and “PEIS Mental Health Providers & Services Infographic” during administration. Support respondents answer each question by: 1) encouraging them to think aloud as they choose their response, 2) providing examples (see Appendix D “PEIS Questions & Examples”), and 3) using the name of their specific mental health service(s) or provider(s) in the question. All questions refer to experiences with mental health services & providers over the past year (12 months).

In the past year.....

[1] Not at all	[2] Very little	[3] Some, but not as much as was wanted/needed	[4] All that was wanted/needed
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A1. How much do you meet with, talk to, or message with your mental health providers?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A2. How often did your mental health providers help you with something you were worried about?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A3. How often did you get to say what you want or need for your mental health services?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A4. How often did mental health services change to meet your needs?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A5. How often did mental health providers ask you how much you like your mental health services?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A6. How often did you get to choose the person who provides your mental health services?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A7. How often did mental health providers give you a chance to make decisions about your treatment?

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer

A8. How often were you satisfied with your family member’s involvement in your treatment?

If you don’t have a family member involved, you can think about a friend or other support person who is involved in your treatment.

- Not at all
 Very little
 Some, but not as much as was wanted/needed
 All that was wanted/needed
 Did not know/answer