



Example Survey Questions & Data Collection Tools for LCBHS MHSA Program Outcome Reporting

How to use this Resource Document

This document provides examples of tools and/or survey questions that programs may reference to support selection or development of tools to measure outcomes appropriate for their program.

Please note, these are only examples. Programs are not required to use these tools or survey questions, and not all tools / survey questions will be relevant to all programs. Each program should determine the appropriate tools based on your program's unique goals, activities, and expected outcomes.

This document is organized into the following sections:

- I. Example Outcome Measure Tools & Survey Questions
- II. Example Participant Satisfaction / Experience Surveys
- III. Example Self-Reported Mental Health Assessment
- IV. Example Mental Health Training Pre/Post Survey

The first section provides lists of potential tools and specific survey questions that programs may reference or utilize. The following sections (sections II – IV) provide examples of existing surveys that have been used by LCBHS or other programs in other counties. As these surveys were created for specific programs, the types of questions align with the program's specific program goals and expected outcomes. Therefore, these surveys may not be relevant for all programs, but elements of the surveys (e.g., structure, format, specific questions, etc.) may be useful for programs to reference as they develop their own tools.

Programs are also encouraged to share their own surveys or outcome reporting tools if you think they would be useful for other programs to reference.

If you have any questions about any of the tools or survey questions, would like support to adapt tools or surveys to your program, or would like to share your program's survey or outcome reporting tools, please contact Patti Russell at Patricia.Russell@lakecountyca.gov.

I. Example Outcome Measure Tools & Survey Questions

In this section, example tools and survey questions are organized by common outcome domains (e.g., types). However, these outcome domains may not be relevant to your program. Some programs may have other types of outcomes that are not listed in this document. Program End-of-Year reporting forms have additional examples of outcomes and tools that may be appropriate for your program (e.g., improved housing, reduced homelessness, reduced psychiatric hospitalizations, etc.)

Mental Health Symptoms, Functioning, Coping, and Recovery

Potential Tools:

- Validated assessments (*note: validated assessments are likely not needed by most programs, and would likely only be used with clinical programs. Many of these validated assessments are available online for free.*)
 - CANS/ANSA Assessments
 - Patient Health Questionnaire
 - Columbia Suicide Scale Score
 - Milestones of Recovery (MORS)
 - Self-Sufficiency Matrix
- Self-reported mental health rating:
 - General mental health rating (scale of 1 – 10)
 - Feelings of distress (scale of 1-10)
 - Ability to cope with stress/stressors rating (scale of 1 – 10)
 - Ability to manage mental health symptoms (scale of 1-10)
 - Ability to manage or participate in daily life (scale of 1 – 10)
- Potential survey questions using Likert-scale Responses (Strongly Agree to Strongly Disagree)
 - Due to this program, I am better able to participate in daily life.
 - Due to this program, I am better able to manage my symptoms.
 - Due to this program, I am learning skills and strategies to cope with stressors.

Access to Services

Potential Tools:

- Electronic Health Record (track connection and participation in referred services)
- Referral Log (track volume and types of referrals made)
- Survey questions using Likert-scale responses (Strongly Agree to Strongly Disagree)
 - Due to this program, I know where to get support if I need mental health services.
 - Program staff connected me to services/resources that have helped me.
 - If I (and/or my family) have a need for services or resources in the future, I feel comfortable reaching out to program staff.

Connection and Support

Potential survey questions using Likert-scale responses (Strongly Agree to Strongly Disagree)

- Due to this program, I feel more connected to my community/family/peers.
- Due to this program, I feel more connected to my culture.
- Participating in this program has helped me feel less alone.
- As a result of participating in this program, I feel more supported.

Changes in Knowledge, Attitudes, and Behaviors related to Mental Illness / Stigma Discrimination Reduction

Potential survey questions using Likert-scale responses (Strongly Agree to Strongly Disagree)

- Pre/Post Survey taken before and after training/program (measure change)
 - I am comfortable talking about mental health.
 - I am aware of mental health resources in my community.
 - I think people with mental health challenges can lead healthy lives.
 - I am confident in my ability to recognize early signs of mental illness.
- Single survey taken after training or at the end of the program
 - My attitude about behavioral health was positively affected by this program.
 - Due to this program, I feel more comfortable talking about mental health.
 - Due to this program, I am more aware of mental health resources in my community.
 - Due to this program, I think people with mental health challenges can lead healthy lives.
 - Due to this program, I am more confident in my ability to recognize early signs of mental illness.
 - Due to this program, I am MORE willing to:
 - Actively and compassionately listen to someone in distress.
 - Talk to a friend or family member if I thought I was experiencing emotional distress
 - Seek support from a mental health professional if I thought I needed it.

Changes in Knowledge, Attitudes, and Behaviors related to Suicide

Potential survey questions using Likert-scale responses (Strongly Agree to Strongly Disagree)

- Pre/Post Survey taken before and after training / program (measure change in responses)
 - I can recognize when a person may be suicidal.
 - I feel confident in my ability to ask directly about suicide.
 - I know the suicide prevention resources in my community.
- Single survey taken after training or end of the program
 - Due to this training, I can better recognize when a person may be suicidal.
 - Due to this training, I feel more confident in my ability to ask directly about suicide.
 - Due to this training, I am more knowledgeable about the suicide prevention resources in my community.

Improved Knowledge, Skills, and/or Abilities in Other Relevant Areas

Potential survey questions using Likert-scale response (Strongly Agree to Strongly Disagree)

- Due to this program, I learned something that is useful to me.
- Due to this program, I am learning skills and strategies to cope with stressors.
- Due to this program, I think more positively about challenges in my life.
- Due to participating in this program, I believe that I can affect my life through decisions that I make.

II. Example Participant Satisfaction / Experience Surveys

LCBHS Big Oak Peer Support Center Exit Questionnaire:

Purpose: Understand participants' experience of services at the peer support center.

Administration: Administered on a weekly or individual basis.

1. My recovery needs were met today
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
2. I feel welcomed by staff
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
3. The office is comfortable
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
4. Staff are encouraging
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
5. Staff are not threatening
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
6. Staff listen to me
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
7. Staff help me track my progress
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
8. I receive useful resources
 - a. Strongly Agree
 - b. Agree
 - c. No opinion
 - d. Disagree
 - e. Strongly Disagree
9. Other services that would be helpful

General Program Satisfaction / Experience Survey:

Purpose: Assess participants' experience with a program services.

Administration: Administered at program completion, or on periodic basis (e.g., every 6 months)

Example Survey:

We appreciate you taking the time to share your experience with us! All of your answers will be anonymous. For each statement, please circle the number that best describes your experience with the program.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. Services are available at times that are good for me.	1	2	3	4	5
2. Providers are available when I need them.	1	2	3	4	5
3. Providers treat me with courtesy and respect.	1	2	3	4	5
4. Providers help me with things I need.	1	2	3	4	5
5. Since participating in the program, I am doing better in my daily life.	1	2	3	4	5
6. Since participating in the program, I am achieving my goals.	1	2	3	4	5
7. I would recommend the program to a friend or family member.	1	2	3	4	5
8. Overall, I am satisfied with the services I received.	1	2	3	4	5
9. What has been most helpful about the program?					
10. What would you do or change to improve the program?					

Mental Health or Cultural Event/Workshop Experience Survey:

Purpose: Assess participants' experience with a program event, workshop, class, or group. The intention of these events was to help learn and build new skills, foster community, and help participants feel more connected to their culture.

Administration: Administered after the event, workshop, class, or group was completed.

Example Survey:

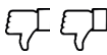




We appreciate you taking the time to share your experience with us! All of your answers will be anonymous.






1. Name of group, workshop, class, or event:	2. For whom are you completing this survey?
----------------------------------------------	---------------------------------------------

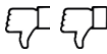




- Myself
 My child/children
 My entire family

3. How did you hear about this group, workshop, class, or event?

- Friend
 Staff member
 Social media (e.g. Facebook, twitter)
- Family member
 Another event or service
 Other: _____

Please rate your experience participating in this group, workshop, or event:	Disagree 	Somewhat disagree 	Neutral 	Somewhat agree 	Agree 
4. I feel more connected to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel more connected to my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I learned something that is useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you selected somewhat agree or agree, what did you learn?					

	Not satisfied 	Somewhat not satisfied 	Neutral 	Somewhat satisfied 	Satisfied 
8. Overall, how satisfied are you with the group, workshop, class, or event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Unlikely 	Somewhat unlikely 	Unsure 	Somewhat likely 	Likely 
9. How likely would you be to attend a group, workshop, class, or event like this in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What would you do or change to improve the program event, class, or workshop?

III. Example Self-Reported Mental Health Assessment

General Self-Reported Mental Health Assessment:






Purpose: Assess program participants' self-reported mental health functioning throughout program participation

Administration: Administer intake assessment at program start, and administer follow-up assessment periodically (ex., quarterly or every 6 months) and/or at program exit.

Example Intake Assessment (Given at program intake)

This brief assessment is intended to understand your perceptions of your mental health and evaluate any changes over time as you participate in mental health services. You may choose not to respond to any questions you feel uncomfortable answering. For tracking purposes, please provide:

Name: _____ Date: _____











Please rate the following aspects of your mental health in the last 30 days.	Very poor 	Poor 	Fair 	Good 	Excellent 
1. How would you rate your overall mental health in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate your ability to manage your mental health symptoms in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate your ability to cope with stressors in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate your ability to manage or participate in daily life activities in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Example Interim / Discharge Assessment (Given every 6-months and/or at program exit)

This brief assessment is intended to understand your perceptions of your mental health and evaluate any changes over time as you participate in mental health services. You may choose not to respond to any questions you feel uncomfortable answering. For tracking purposes, please provide:

Name: _____ Date: _____

Please rate the following aspects of your mental health in the last 30 days.	Very poor 	Poor 	Fair 	Good 	Excellent 
1. How would you rate your overall mental health in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate your ability to manage your mental health symptoms in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate your ability to cope with stressors in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate your ability to manage or participate in daily life activities in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree 	Somewhat disagree 	Neutral 	Somewhat agree 	Agree 
5. My mental health has improved since I began attending sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am learning skills and strategies to cope with stressors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The services I am receiving are helping me to do better in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel more comfortable talking about mental health since I began attending sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

IV. Example Training Pre/Post Survey

Suicide Prevention Training Pre/Post Survey

Purpose: Assess impact of suicide prevention training on improving participants' knowledge, awareness, and attitudes of suicide, risk factors, prevention resources, and importance. Please note this training was geared toward suicide prevention, so the questions are specific to the suicide prevention content. However, the structure of this pre/post survey may be adapted for other trainings and programs.

Administration: Participants are asked to complete a series of questions before the training begins, and then answer the same questions and some additional questions after the training is completed. The difference in responses can be used to assess change and program impact.

Example Pre-Training Survey:

BEFORE the training, please mark what best represents your opinion:

Content Evaluation					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I can recognize when a person may be suicidal					
2. I know the risk and protective factors for suicide					
3. I feel confident in my ability to ask directly about suicide					
4. I know the suicide prevention resources in my community					
5. Suicide should be addressed in my community					

Example Post-Training Survey:

AS A RESULT OF THIS TRAINING, please mark what best represents your opinion:

Content Evaluation					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I can recognize when a person may be suicidal					
2. I know the risk and protective factors for suicide					
3. I feel confident in my ability to ask directly about suicide					
4. I know the suicide prevention resources in my community					
5. Suicide should be addressed in my community					
Overall Course Evaluation					
6. This training increased my knowledge about suicide					
7. This training met my needs					
8. I would recommend this training to others					
9. Overall rating of the quality of training (please circle what best represents your opinion)	Excellent	Very Good	Good	Fair	Poor

10. What was most useful about the training?

11. What, if anything, about the training could be improved?

12. What, if anything, are you going to do differently as a result of the training?

13. What, if anything, would you like more information about?