**Please use this as age appropriate. Have youth complete this form before their last therapy session. Please scan to CR Navigation Assistant at** [RHolmberg@columbusunitedway.com](mailto:RHolmberg@columbusunitedway.com) **. Thank you!**

**Mental Health Voucher Satisfaction Survey**

**Outcomes:**

As a Direct Result of Services I Received:

**1. I deal more effectively with daily problems.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**2. I am better able to control my life.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**3. I am getting along better with my family.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**4. I do better in social situations.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**5. I do better in school and/or work.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**6. My symptoms are not bothering me as much.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**General Satisfaction:**

**7. I like the services that I received here.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**Functioning:**

As a Direct Result of Services I Received:

**8. I am better able to take care of my needs.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**9. I am better able to handle things when they go wrong.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**Social Connectedness:**

**10. I am happy with the friendships I have.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**11. In a crisis, I would have the support I need from family or friends.**

Strongly Agree Agree Neutral Disagree Strongly Disagree