

**Smoky Mountain Center
Consumer and Family Member Survey**

What services have you or your family member used in the last 2 years? (check all that apply)

- Adult Mental Health Services
- Child/Adolescent Mental Health Services
- Adult Substance Abuse Services
- Child/Adolescent Substance Abuse Services
- Adult Developmental Disability Services
- Child/Adolescent Developmental Disability Services

1. Based on *your experiences*, how would you rate each aspect of the services described below? Please circle DK if you don't know or if you have no experience with that service.

	Mental Health	Substance Abuse	Developmental Disabilities
a. Availability of services:			
Child/Adolescent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent
Adult	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent
<i>Please add comments:</i>			
b. Choice of Providers:			
Child/Adolescent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent
Adult	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent	DK Poor Fair Good Excellent
<i>Please add comments:</i>			

c. Convenience of services:

Child/Adolescent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Adult

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Please add comments:

d. Quality of Services:

Child/Adolescent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Adult

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

DK Poor Fair Good Excellent

Please add comments:

2. Based on your personal experiences and your interactions with others, what additional services or supports are needed for the following groups? Please describe the service, the location needed for the service and any barriers you see to implementing this service.

Service Needed

Location Needed

Any Barriers to Implementation

Child/Adolescent Mental Health

Adult Mental Health

Child/Adolescent Substance Abuse

Adult Substance Abuse

Service Needed

Location Needed

Any Barriers to Implementation

Child/Adolescent Developmental Disabilities

Adult Developmental Disabilities

3. Are you a consumer? ___ yes ___ no
4. Are you a family member? ___ yes ___ no
5. What is your age? _____
6. What is your gender? _____
7. What is your county of residence? _____
8. In what county do you or your family member receive most services? _____