Interviewer:	
Company Name:	
Address:	
Phone Number:F	ax:
Email:	
Date of Interview:	
MHSIP CONSUM	JED CLIDVEV
IVINSIP CONSU	VIER SURVET
Olientia Nemas. First	INSTRUCTIONS
Client's Name: First	1. Leave no blanks. Use appropriate codes:
Middle	1. Strongly Agree — 2. Agree
Last	3. I am Neutral 4. Disagree
Last	5. Strongly Disagree
	9. Not Applicable
Social Security #:	Use only one character per item.
Date of Birth: / / / /	
Gender (M/F):	
Client ID:	

Orion Healthcare Technology is the U.S. leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and co-occurring assessments; treatment plans, patient placement, progress notes, discharge summaries, outcome research software, MIS, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number 800-324-7966 or visit www.MyAccuCare.com. Orion allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.

MHSIP CONSUMER SURVEY

GE	NERAL INFORMATION	10	. I do better in social situations.	
	Provider ID #		. I do better in social situations.	
	Client ID:	20.	. I do better in school work.	
		21.	. My symptoms are not bothering me as much.	
	Survey Date: / / / /			
	Clinician's initials:			
	Answer the following questions according to the instructions or the previous page:	n		
1.	I like the services that I received here.			
2.	Even if I had other options, I would choose to get services from this agency.			
3.	I would recommend this agency to a friend or family member?			
4.	The location of services was convenient. (Parking, public transportation, distance, etc.)			
5.	Staff were willing to see me as often as I felt it was necessary.			
6.	Staff returned my call within 24 hours.			
7.	Services were available at times that were good for me.			
8.	I was able to get the services I thought I needed.			
9.	Staff here believe I can grow, change and recover.			
10.	I felt free to complain.			
11.	Staff told me what side effects to watch for.			
12.	Staff respected my wishes about who is and is not to be given information about my treatment.			
13.	Staff were sensitive to my cultural/ethnic background.			
14.	Staff helped me obtain the information needed so I could take charge of managing my illness.			
	As a direct result of the services I received:			
15.	I deal more effectively with daily problems.			
16.	I am better able to control my life.			
17.	I am better able to deal with crisis.			
18.	I am getting along better with my family.			

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TEDS Follow-up Questionnaire

Client Name: __