

# SAN FRANCISCO MENTAL HEALTH BOARD



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## Parent Satisfaction Survey

1. How are the services provided here helping you and your child?

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2. Are you and your child treated with respect by the staff?  Y  N

- Are you satisfied with how this programs deals with you and your child's unique needs (with regard to race, sexuality, gender, language, culture, etc.)?  Y  N

3. Have the treatment staff asked for your ideas about the services your family needs?  
?  Y  N

4. Were you and your child involved in creating the treatment plan, including goals?  Y  N

- Do you understand and agree with the goals?  Y  N

5. Did a doctor or staff member discuss with you and your child the purpose of any prescribed medications, their side effects and interactions?  Y  N

- My child doesn't get medications here.  Y  N

- Were your questions answered to your satisfaction?  Y  N

- Do you think the medications your child is taking are right for him/her  Y  N

6. Were you given informed consent papers to sign regarding prescribed medications and did you understand what they said?  Y  N

Does your child does not get medications here?  Y  N

7. Has the staff assisted you or your child with other services, such as legal housing, financial, educational, or other things?  Y  N

8. Did you sign any documents reluctantly?

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9. Do you believe that your child's treatment records are kept confidential?  Y  N

10. Does the staff try to accommodate your schedule?  Y  N

• If you need to cancel an appointment, can you get another one?  Y  N

11. Do you think this program, and services it provides, are right for you and your child?  Y  N

12. Do you feel staff helps you and your child work together?  Y  N

13. Is your extended family allowed to participate if they wish?  Y  N

14. Is your child part of a blended family? If yes, does the program include all of your child's blended family members in his or her recovery?  Y  N

15. Do you and your child feel comfortable here?  Y  N

16. What do you like best about this program?

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17. What do you think needs to be improved that would help make this program better for other families?

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18. Is there anything else you would like to share with me about this program?

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