Getting Services

In the last 3 months, did you feel you needed help for any of the reasons below? Check all that apply.

___ Leaving home
___ Drug & alcohol use
___ Family Problems
___ STD (for example: HIV, Gonorrhea, Chlamydia, or Syphilis)
___ General health problems
___ Sexual identity/sexual attraction
___ Mental health problems (for example: depression or anxiety)

For each of the item checked off, the following set of questions apply:

1. Did you go get help?
   
   Yes
   
   No
   
   Refuse to Answer

2. What type of help did you get?
   
   Individual therapy
   
   Family therapy
   
   Group therapy
   
   Other
   
   Please specify: ____________________________________________
3. How many times did you go?

   # of times: ____
   Refuse to answer

4. Overall, how satisfied were you with the services you received?

   Very dissatisfied
   Dissatisfied
   Satisfied
   Very satisfied
   Refuse to Answer

5. If you did need help for ____ (insert item) ____, would you know where to go?

   Yes
   No
   Refuse to Answer

6. Please tell me if any of these reasons kept you from getting help. Answer “yes” or “no” to each response. [Check all that apply]

   ____ I didn’t know where to go/what service to use
   ____ The service cost too much money
   ____ The service was too far away
   ____ I had a bad experience with the staff last time
   ____ I thought the service couldn’t help me
   ____ I had no money to get there
___ I had to wait a long time for an appointment

___ I was scared they would contact my social worker/police

___ I was scared they would contact my family

___ The service wasn’t open when I needed it

___ I didn’t fit the eligibility criteria for the service (I was the wrong age, I’d used it too many times before, etc…)

___ I felt too nervous / embarrassed to talk about the problem

___ Other

    Please specify: ______________________________________________________________

Refuse to answer