

Client Code: _____

Assessor: _____

Date: _____

6a. If education was interrupted, has client returned to school?

- Has not returned to school - 0
- Returned to school part-time - 1
- Returned to school full-time - 2
- Not applicable - 97
- Don't know - 98
- Other (Specify: _____) - 3

6b. If work was interrupted, has client returned to work?

- Has not returned to work - 0
- Returned to work part-time - 1
- Returned to work full-time - 2
- Not applicable - 97
- Don't know - 98
- Other (Specify: _____) - 3

7. Was the team able to coordinate appropriate follow-up services?

- No - 0
- Yes - 1
- Recommendations for follow-up services provided to client/family - 2
- Unsure - 98

7a. *If NO*, specify reason: _____

7b. *If YES*, indicate any referrals made for services that were **within your agency**: (Check all that apply)

- None - 0
- Medication management - 1
- Psychotherapy (individual, group, or family) - 2
- Supported employment and/or educational/occupational services - 3
- Higher level of service (i.e. in-patient hospitalization, PHP) - 4
- Other (Specify: _____) - 5
- Does not apply - 97

7c. *If YES*, indicate any referrals made for services that were **outside your agency**: (Check all that apply)

- None - 0
- Medication management - 1
- Psychotherapy (individual, group, or family) - 2
- Supported employment and/or educational/occupational services - 3
- Higher level of service (i.e. in-patient hospitalization, PHP) - 4
- Other (Specify: _____) - 5
- Does not apply - 97

8. What level of care will the client receive moving forwards?

- No further services at this time - 0
- Primary care provider - 1
- Community mental health clinician - 2
- Another specialized early psychosis program - 3
- Higher level of care (eg. hospital, residential program) - 4
- Information unavailable - 98
- Other (Specify: _____) - 5

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Client Discharge Self-Report Form

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

Not at all Completely satisfied
satisfied 0 1 2 3 4 5 6 7 8 9 10

If you need support for your mental health in the future, how confident are you that you know where to get help?

Not at all Very confident
confident 0 1 2 3 4 5 6 7 8 9 10

Client Satisfaction Questionnaire

Please help us improve the program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.

Circle your answer:

1. How would you rate the quality of service you have received?

1	2	3	4
Poor	Fair	Good	Excellent

2. Did you get the kind of service you wanted?

1	2	3	4
None of my needs have been met	Only a few of my needs have been met	Most of my needs have been met	Almost all of my needs have been met

3. To what extent has our program met your needs?

1	2	3	4
None of my needs have been met	Only a few of my needs have been met	Most of my needs have been met	Almost all of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

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5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

7. In an overall, general sense, how satisfied are you with the service you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

8. What have you found to be most helpful in this program?

1. _____
2. _____
3. _____

9. What changes would you suggest to improve this program in the future?

1. _____
2. _____
3. _____

10. Please write any additional comments here:
