

Kalamazoo Community Mental Health and Substance Abuse Services  
**QMR PERSON SERVED INTERVIEW QUESTIONNAIRE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Interviewer: \_\_\_\_\_

interviewed  
by phone

interviewed  
in person

mail

**RECIPIENT RIGHTS** **N/A**

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	NO RESPONSE (i.e., N/A, cannot remember, etc.) <b>0</b>
1	Do you feel informed about what your rights are as a recipient of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you know how to contact Recipient Rights if you feel your rights are not being met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you feel the people helping you with your mental health needs treat you with dignity and respect consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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**SERVICE REVIEW** **N/A**

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	NO RESPONSE (i.e., N/A, cannot remember, etc.) <b>0</b>
1	Do you like how your CM / SC / Therapist / Family Support Partner/Psychiatrist/etc. treats you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do they respond to your needs in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do they listen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do they support you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you happy with the results you're getting from working with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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**RESIDENTIAL SERVICE**

N/A

NO RESPONSE  
 (i.e., N/A, cannot  
 remember, etc.)

	YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	<b>0</b>
1 Do you like it here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you feel safe here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you feel at home here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have some place you can go to be alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you like how the staff treat you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are they around when you need them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do they help resolve conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do they listen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do they help you when you're sad or angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do they respect your privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you like your housemates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you like living here (why or why not)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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**QMR PERSON SERVED INTERVIEW QUESTIONNAIRE**

**PERSON-CENTERED PLANNING**

N/A   
 NO RESPONSE  
 (i.e., N/A, cannot  
 remember, etc.)

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	<b>0</b>
1	You have the right to pick when your planning meeting is – did you get to pick when your meeting took place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	You have the right to pick where your planning meeting is – did you get to pick where your meeting took place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	You have the right to choose who is and is not at your planning meeting – did you get to choose who was there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	You have the right to an outside facilitator to help you run your meeting – were you offered independent facilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Did you have a choice in what services you would receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Did you have a choice in who would provide your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you feel that your cultural needs and preferences are addressed in your plan of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Were you offered a copy of your Service Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Did you get to talk about everything you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you feel like everyone listened to you, even if they didn't agree with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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**SAFETY**

N/A   
 NO RESPONSE  
 (i.e., N/A, cannot  
 remember, etc.)

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	<b>0</b>
1	Is there anywhere you don't feel safe (include in comments where and why to identify issues with services)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there anyone you can talk to if you don't feel safe? (include in comments who)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do they help you with your safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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Kalamazoo Community Mental Health and Substance Abuse Services  
**QMR PERSON SERVED INTERVIEW QUESTIONNAIRE**

**HEALTH**

N/A

NO RESPONSE  
 (i.e., N/A, cannot  
 remember, etc.)

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	<b>0</b>
1	Can you see the psychiatrist when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a Primary Care Doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you see your doctor when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does other staff help with your healthcare needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you feel like your healthcare needs are being met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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**COMMUNITY INCLUSION**

N/A

NO RESPONSE  
 (i.e., N/A, cannot  
 remember, etc.)

		YES <b>3</b>	SOMEWHAT <b>2</b>	NO <b>1</b>	<b>0</b>
1	Can you get out of the house when you want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you take classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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Additional Comments

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