

**Plumas County
Family Survey**

Plumas County is working to improve services in our community. Please tell us which issues concern you about your child (*page 1*) and which issues concern you or your family (*page 2*). Check the one box that best represents how you feel about each topic.

Children/Youth Issues

<i>Children/Youth</i>	Not an Issue	Small Issue	Medium Issue	Large Issue
Sadness or depression	0	1	2	3
Suicide	0	1	2	3
Gets in fights/anger management	0	1	2	3
Being bullied	0	1	2	3
Social media problems	0	1	2	3
Lying	0	1	2	3
Following directions	0	1	2	3
Disrespectful/talks back	0	1	2	3
Poor grades	0	1	2	3
School attendance	0	1	2	3
Physical health problems	0	1	2	3
Stomachaches/headaches	0	1	2	3
Pregnancy	0	1	2	3
Contact with police	0	1	2	3
Stealing	0	1	2	3
Using drugs	0	1	2	3
Using alcohol	0	1	2	3
Gang involvement	0	1	2	3
School violence	0	1	2	3
Family relationships	0	1	2	3
Participating in family activities	0	1	2	3
Other:	0	1	2	3

Please tell us which issues concern you or your family.

Parent/Family Issues

<i>Parent/Family</i>	Not an Issue	Small Issue	Medium Issue	Large Issue
Sadness or depression	0	1	2	3
Suicide	0	1	2	3
Safe housing	0	1	2	3
Homelessness	0	1	2	3
Living independently in community	0	1	2	3
Assistance with daily activities	0	1	2	3
Assistance managing medications	0	1	2	3
Employment	0	1	2	3
Education/training	0	1	2	3
Physical health problems	0	1	2	3
Emergency Room visits	0	1	2	3
Hospitalizations	0	1	2	3
Family relationships	0	1	2	3
Domestic violence	0	1	2	3
Involved with police	0	1	2	3
Using drugs	0	1	2	3
Using alcohol	0	1	2	3
Gang involvement	0	1	2	3
Help getting benefits and services	0	1	2	3
Transportation	0	1	2	3
Services are available in Spanish	0	1	2	3
Other:	0	1	2	3

Any additional concerns:

Please tell us a little about yourself:

Area that you live in:		Race/Ethnicity:
<input type="checkbox"/> Quincy <input type="checkbox"/> Portola <input type="checkbox"/> Chester <input type="checkbox"/> Greenville		<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Age Group:	Gender:	
<input type="checkbox"/> 16-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-59 <input type="checkbox"/> 60+	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

1. Has your family used any Mental Health services in the past year? *(Please check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Case Management Services |
| <input type="checkbox"/> Crisis Services | <input type="checkbox"/> Mountain Visions Program |
| <input type="checkbox"/> Medications/Telepsychiatry | <input type="checkbox"/> Girls' Group |
| <input type="checkbox"/> Other <i>(Specify):</i> | |

My family has not used any mental health services in the past year

2. What school does your child attend?

Please return your completed survey by **October 10, 2014** to:
 MHSA - Plumas County Mental Health, 270 County Hospital Rd. #109
 Quincy, CA 95971

Fax: (530) 231-5663 **E-mail:** digitalspecialist1@gmail.com

Questions? Please call us: (530) 283-6307

Thank you for your participation!