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# CAHPS<sup>®</sup> Outpatient Mental Health Survey

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**Language: English**

## Notes

- The Outpatient Mental Health Survey can be used for all patients receiving care for mental, emotional, or behavioral health issues in ambulatory care settings or in health centers with integrated mental health care. Learn more at: [CAHPS Mental Health Surveys](#)
- **Front cover:** Users should replace the cover of this document with their own front cover, with a user-friendly title and their own logo.

## Your Prescription Medicines

1. In the last 6 months, have you taken prescription medicine for any kind of mental health reason?
  - <sup>1</sup> ☐ Yes
  - <sup>2</sup> ☐ No → **If No, go to #5**
  
2. What kind of provider is the person who prescribes your mental health medicine?
  - <sup>1</sup> ☐ Psychiatrist (an MD)
  - <sup>2</sup> ☐ Primary care provider (a physician or nurse practitioner)
  - <sup>3</sup> ☐ Other medical doctor, please describe:  
\_\_\_\_\_
  - <sup>4</sup> ☐ Not sure what kind of provider
  
3. In the last 6 months, how difficult was it for you to make an appointment with the person who prescribes your mental health medicine?
  - <sup>1</sup> ☐ Very difficult
  - <sup>2</sup> ☐ Somewhat difficult
  - <sup>3</sup> ☐ Not very difficult
  - <sup>4</sup> ☐ Not difficult at all
  
4. In the last 6 months, did the person who prescribed your mental health medicine also provide you with any mental health counseling?
  - <sup>1</sup> ☐ Yes → **If Yes, go to #6**
  - <sup>2</sup> ☐ No

## Getting Mental Health Counseling

The next questions are about all the mental health counseling you got in the last 6 months.

Counseling can be in person, by phone, or by video. Please include all mental health counseling in your answers.

5. In the last 6 months, did you get any mental health counseling for any reason?
  - <sup>1</sup> ☐ Yes
  - <sup>2</sup> ☐ No → **If No, go to #23 on page 3**
  
6. In the last 6 months, from how many different people did you get any mental health counseling?
  - <sup>1</sup> ☐ 1 person
  - <sup>2</sup> ☐ 2 different people
  - <sup>3</sup> ☐ 3 or more different people
  
7. In this survey, your main mental health counselor is the mental health counselor you talked with most often in the last 6 months. What kind of provider is your main mental health counselor?
  - <sup>1</sup> ☐ Clinical psychologist
  - <sup>2</sup> ☐ Psychiatrist (an MD)
  - <sup>3</sup> ☐ Social worker
  - <sup>4</sup> ☐ Primary care provider (a physician or nurse practitioner)
  - <sup>5</sup> ☐ Other, please describe:  
\_\_\_\_\_
  - <sup>6</sup> ☐ Not sure what kind of provider

8. In the last 6 months, about how many times did you see your main mental health counselor?

<sup>1</sup> ☐ 1 to 5 times  
<sup>2</sup> ☐ 6 to 10 times  
<sup>3</sup> ☐ 11 to 20 times  
<sup>4</sup> ☐ More than 20 times

9. How long have you been seeing your main mental health counselor?

<sup>1</sup> ☐ Less than 6 months  
<sup>2</sup> ☐ 6 to 11 months  
<sup>3</sup> ☐ 1 to 2 years  
<sup>4</sup> ☐ More than 2 years → **If more than 2 years, go to #12**

10. How difficult was it to find this mental health counselor?

<sup>1</sup> ☐ Very difficult  
<sup>2</sup> ☐ Somewhat difficult  
<sup>3</sup> ☐ Not very difficult → **Go to #12**  
<sup>4</sup> ☐ Not difficult at all → **Go to #12**

11. Why was it difficult to find your main mental health counselor?

<sup>1</sup> ☐ My counselor was not in the network  
<sup>2</sup> ☐ I could not find a counselor who was taking new patients  
<sup>3</sup> ☐ No counselors were close to where I live  
<sup>4</sup> ☐ Other, please describe:

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12. In the last 6 months, how difficult was it to make appointments with your main mental health counselor?

<sup>1</sup> ☐ Very difficult  
<sup>2</sup> ☐ Somewhat difficult  
<sup>3</sup> ☐ Not very difficult  
<sup>4</sup> ☐ Not difficult at all

13. In the last 6 months, how often did your main mental health counselor listen carefully to you?

<sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

14. In the last 6 months, how often did your main mental health counselor show respect for what you had to say?

<sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

15. In the last 6 months, did you talk with your main mental health counselor about setting goals for your treatment?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to #17**

16. How much did your main mental health counselor consider what is important to you when setting the goals for treatment?

<sup>1</sup> ☐ Not at all  
<sup>2</sup> ☐ A little  
<sup>3</sup> ☐ Some  
<sup>4</sup> ☐ A lot

17. In the last 6 months, did you get any counseling with your main mental health counselor using phone or video?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to #19**

18. How well did the phone or video visit work for you?

<sup>1</sup> ☐ Not well at all  
<sup>2</sup> ☐ Not too well  
<sup>3</sup> ☐ Fairly well  
<sup>4</sup> ☐ Very well

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### Getting Help Between Appointments

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19. Did your main mental health counselor give you information about what to do if you needed help or support between your scheduled appointments?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

20. In the last 6 months, did you try to contact your main mental health counselor for help or support in between your scheduled appointments?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to #22**

21. In the last 6 months, when you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?

<sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

22. Using any number from 0 to 10, where 0 is the worst mental health counselor possible and 10 is the best mental health counselor possible, what number would you use to rate your main mental health counselor in the last 6 months?

☐ 0 Worst mental health counselor possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best mental health counselor possible

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### Getting Mental Health Services

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23. “Mental health services” include mental health counseling and any medicine you might take for mental health reasons. In the last 6 months, did you get all the mental health services you needed?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No  
<sup>3</sup> ☐ I did not need any services → **Go to #27**

24. How much of the mental health services that you got in the last 6 months did you pay for yourself?

<sup>1</sup> ☐ All  
<sup>2</sup> ☐ Most  
<sup>3</sup> ☐ Some  
<sup>4</sup> ☐ None → **If None, go to #26**

25. In the last 6 months, how difficult was it for you to pay for the mental health services you received?

- <sup>1</sup> ☐ Very difficult  
<sup>2</sup> ☐ Somewhat difficult  
<sup>3</sup> ☐ Not very difficult  
<sup>4</sup> ☐ Not difficult at all

26. In the last 6 months, were there any mental health services that you thought you needed that you could not afford?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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### Your Health and Wellbeing

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27. In the last 6 months, did you get any mental health services to help you with alcohol use or drug use?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

28. In general, how would you rate your overall health?

- <sup>1</sup> ☐ Excellent  
<sup>2</sup> ☐ Very good  
<sup>3</sup> ☐ Good  
<sup>4</sup> ☐ Fair  
<sup>5</sup> ☐ Poor

29. In general, how would you rate your overall **mental or emotional** health?

- <sup>1</sup> ☐ Excellent  
<sup>2</sup> ☐ Very good  
<sup>3</sup> ☐ Good  
<sup>4</sup> ☐ Fair  
<sup>5</sup> ☐ Poor

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### About You

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30. What is your age?

- <sup>1</sup> ☐ 18 to 24  
<sup>2</sup> ☐ 25 to 34  
<sup>3</sup> ☐ 35 to 44  
<sup>4</sup> ☐ 45 to 54  
<sup>5</sup> ☐ 55 to 64  
<sup>6</sup> ☐ 65 to 74  
<sup>7</sup> ☐ 75 or older

31. What sex were you assigned at birth, for example, on your birth certificate?

- <sup>1</sup> ☐ Female  
<sup>2</sup> ☐ Male

32. What is your current gender? Mark one or more.

- <sup>1</sup> ☐ Female  
<sup>2</sup> ☐ Male  
<sup>3</sup> ☐ Non-binary  
<sup>4</sup> ☐ I use a different term

33. What is the highest grade or level of school that you have completed?

- <sup>1</sup> ☐ 8th grade or less  
<sup>2</sup> ☐ Some high school, but did not graduate  
<sup>3</sup> ☐ High school graduate or GED  
<sup>4</sup> ☐ Some college or 2-year degree  
<sup>5</sup> ☐ 4-year college graduate  
<sup>6</sup> ☐ More than 4-year college degree

34. Are you of Hispanic or Latino origin or descent?

- <sup>1</sup> ☐ Yes, Hispanic or Latino  
<sup>2</sup> ☐ No, not Hispanic or Latino

35. What is your race? Please mark one or more.

- <sup>1</sup>☐ American Indian or Alaska Native
- <sup>2</sup>☐ Asian
- <sup>3</sup>☐ Black or African American
- <sup>4</sup>☐ Native Hawaiian or Other Pacific Islander
- <sup>5</sup>☐ White
- <sup>6</sup>☐ Other

36. Did someone help you complete this survey?

- <sup>1</sup>☐ Yes
- <sup>2</sup>☐ No → **Thank you. Please return the completed survey in the postage-paid envelope**

37. How did that person help you? Mark one or more.

- <sup>1</sup>☐ Read the questions to me
- <sup>2</sup>☐ Wrote down the answers I gave
- <sup>3</sup>☐ Answered the questions for me
- <sup>4</sup>☐ Translated the questions into my language
- <sup>5</sup>☐ Helped in some other way, please describe:

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**Thank you.**

**Please return the completed survey in the postage-paid envelope.**