

Non-Traditional Services Survey (Follow Up and Discharge)

Client's ID: _____ Client's Name: _____ Today's Date: ____/____/____

We would like to know more about your experiences with Non-Traditional Services you access through the Armunity program at Didi Hirsch Mental Health Services. Your input will help us better understand your experience and improve the services we provide. Non-Traditional Services are services Didi Hirsch linked you to that are within the community. These services are not necessarily therapeutic but are still geared toward supporting you in your road to recovery, reintegration into the community, and building resiliency. Examples of Non-Traditional Services are dance groups, expressive art groups or art therapy, community social clubs, fitness activities, educational classes, support groups, etc.

What Non-Traditional Services did you participate in through the Armunity program? Check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Armunity Dance Group | <input type="checkbox"/> Armunity Expressive Art Group |
| <input type="checkbox"/> Armunity Chiropractic | <input type="checkbox"/> None, I did not participate in any through the Armunity |

What Non-Traditional Services did you participate in outside of the program? Check ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> None, I did not participate in any | <input type="checkbox"/> Faith based activities or religious groups |
| <input type="checkbox"/> Fitness activities (e.g. running, walking, hiking, swimming, dancing etc.) | <input type="checkbox"/> Occupational classes/Career education |
| <input type="checkbox"/> Expressive art group/art therapy | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Community social/hobby groups (e.g., book clubs, music clubs, cooking, knitting, etc.) | <input type="checkbox"/> Chiropractic Services, Acupuncture, Accupressure or Massage Therapy |
| <input type="checkbox"/> Educational classes (e.g., ESL classes, computer classes, GED classes, etc.) | <input type="checkbox"/> Meditation classes |
| <input type="checkbox"/> Other services - If other please list any and all other services you participated in: | |

Overall, how satisfied were you with the Non-Traditional Services you participated in?	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
	○	○	○	○	○

As a direct result of the Non-Traditional Services I participated in through the Armunity program....	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am more physically active.	○	○	○	○	○
I have more energy.	○	○	○	○	○
I feel less worried/anxious.	○	○	○	○	○
I feel better about myself.	○	○	○	○	○
I have met new people or made new friends.	○	○	○	○	○
I feel more connected to my community.	○	○	○	○	○
The Non-Traditional Services have been an important part of my treatment.	○	○	○	○	○

Please explain what you liked or disliked about the Non-Traditional Services you participated in.

What other Non-Traditional Services would you like to see offered through the Armunity program?
