



BOSTON

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SPRINGFIELD

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On a scale from 1 to 5, please circle the number which indicates how much you agree with the statements, with 1 being strongly disagree and 5 being strongly agree.

Clinician Survey	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
1. I am comfortable talking to clients about mental health concerns	☐	☐	☐	☐	☐
2. I feel that I am addressing all of my client's mental health needs	☐	☐	☐	☐	☐
3. I know I can call my supervisor when I have a clinical question	☐	☐	☐	☐	☐
4. I know how to refer clients for medication appointments	☐	☐	☐	☐	☐
5. My clients' mental health needs affect their physical health concerns	☐	☐	☐	☐	☐
6. I have had sufficient training in the mental health field to do my job effectively	☐	☐	☐	☐	☐
7. I enjoy addressing client's mental health needs	☐	☐	☐	☐	☐
8. I know when to refer a client to a psychiatrist/medical doctor	☐	☐	☐	☐	☐
9. I am adequately helping my clients manage their mental health needs effectively	☐	☐	☐	☐	☐
10. I feel it is important to address clients' mental health concerns	☐	☐	☐	☐	☐
11. My clients benefit from regularly scheduled mental health sessions	☐	☐	☐	☐	☐
12. It is important that mental health be integrated with physical health	☐	☐	☐	☐	☐
13. I feel that psychotherapy is a key component to mental health	☐	☐	☐	☐	☐

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14. I am confident about handling clients who tell me they are suicidal	☐	☐	☐	☐	☐
15. I feel confident in using the DSM-5 to properly evaluate clients' mental health status to ensure a correct diagnosis	☐	☐	☐	☐	☐
16. I have the support that I need to do my job effectively	☐	☐	☐	☐	☐
17. I know who to call to get assistance with difficult clients	☐	☐	☐	☐	☐
18. I would like more training in the field of mental health	☐	☐	☐	☐	☐

Email Form