


Treatment Perceptions Survey (Youth)

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County / Provider Use Only

CalOMS Provider ID (required)

Program Reporting Unit (if required by your county):

Treatment Setting (required):
 OP/IOP
 Residential
 OTP/NTP
 Detox/WM (standalone)
 Partial hospitalization

• Please answer these questions about your experience at this program to help improve services. Use “Not applicable” if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.

• Please fill in bubbles completely

Correct: ●

Incorrect: ☉ ☒ ☓

Strongly Agree
 Agree
 I Am Neutral
 Disagree
 Strongly Disagree
 Not Applicable

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The location of services was convenient for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Services were available at times that were convenient for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I had a good experience enrolling in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My counselor and I worked on treatment goals together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I received services that were right for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Staff treated me with respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel my counselor took the time to listen to what I had to say. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I developed a positive, trusting relationship with my counselor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel my counselor was sincerely interested in me and understood me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I liked my counselor here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. My counselor is capable of helping me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. My counselor provided necessary services for my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. As a direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Overall, I am satisfied with the services I received. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I would recommend the services to a friend who is in need of similar help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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20. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?

- None Very little About half Almost all All

21. How helpful were your telehealth visits compared to traditional in-person visits?

- Much better Somewhat better About the same Somewhat worse
 Not Applicable

22. **Please let us know your comments. What was most helpful about this program? What would you change about this program?**

Please do not write any information that may identify you. For example, DO NOT write your name or phone number.

NOW TELL US A LITTLE ABOUT YOURSELF

23. What is your gender (Please select all that apply)?

- | | |
|--|---|
| <input type="radio"/> Male | <input type="radio"/> Transgender: Female to Male |
| <input type="radio"/> Female | <input type="radio"/> Transgender: Male to Female |
| <input type="radio"/> Non-Binary (neither Male nor Female) | <input type="radio"/> Another Gender Identity |

24. Do you think of yourself as (Please select all that apply):

- | | |
|---|--|
| <input type="radio"/> Straight/Heterosexual | <input type="radio"/> Queer |
| <input type="radio"/> Gay or Lesbian | <input type="radio"/> Another sexual orientation |
| <input type="radio"/> Bisexual | <input type="radio"/> Unknown |

25. Are you of Mexican/Hispanic/Latinx descent?

- Yes No Unknown

26. Race/Ethnicity (Please select all that apply):

- | | |
|--|---------------------------------------|
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> White/Caucasian |
| <input type="radio"/> Asian | <input type="radio"/> Another race |
| <input type="radio"/> Black/African-American | <input type="radio"/> Unknown |
| <input type="radio"/> Native Hawaiian/Other Pacific Islander | |

27. Age:

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Thank you for taking the time to answer these questions!

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