

Treatment Perceptions Survey (Adult)

Print PDF as needed.
Do not photocopy!

County / Provider
Use Only

CalOMS Provider ID (required)

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Program Reporting Unit (if required by your county):

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

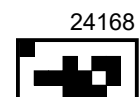
Please answer these questions about your experience at this program to help improve services. Your answers are confidential and will not influence current or future services you receive.



- If the question is about something you have not experienced, fill in the circle for "Not Applicable."
- Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

Strongly Agree
Agree
I am Neutral
Disagree
Strongly Disagree
Not Applicable

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The location was convenient (public transportation, distance, parking, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Services were available when I needed them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I chose the treatment goals with my provider's help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Staff gave me enough time in my treatment sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Staff treated me with respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Staff spoke to me in a way I understood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. 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"/> |
| 8. Staff here work with my physical health care providers to support my wellness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Staff here work with my mental health care providers to support my wellness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. 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"/> |
| 11. I felt welcomed here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. 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"/> |
| 13. I was able to get all the help/services that I needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I would recommend this agency to a friend or family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | None | Very little | About half | Almost all | All | |



16. 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.

17. How long have you received services here?

- First visit/day 2 weeks or less More than 2 weeks

18. Gender Identity (Please mark all that apply):

- Female Male Transgender Other gender identity

19. Race/Ethnicity (Please mark all that apply):

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

20. Age Range: 18-25 26-35 36-45 46-55 56+

Thank you for taking the time to answer these questions!

