

TREATMENT PERCEPTIONS SURVEY (TPS)

Data Dictionary **(TPS 2024)**

for the

Adult Survey

University of California, Los Angeles
Integrated Substance Use and Addiction Programs
Fall 2024

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For more information visit the UCLA - TPS Web Page at <https://www.uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html>

Adult Survey

ADMINISTRATIVE DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
COUNTY	text	1	15	15	County in which the survey was completed.	County Name. For combined Partnership counties, use code = PHC
COUNTYID	numeric	16	17	2	County Code:	See Appendix A for county code
PROVIDERID	text	18	23	6	CalOMS Provider ID	
REPORTINGUNIT	text	24	33	10	Program Reporting Unit	10-character field
TREATMENTSETTING	numeric	34	34	1	Treatment Setting	1=Outpatient/Intensive Outpatient, 2=Residential, 3=OTP/NTP, 4=Detox/WM (standalone), 5=Partial hospitalization,
TELEHEALTH	numeric	35	35	1	Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	1=None 2=Very Little 3=About Half 4= Almost All 5 = All
TelehealthHelpful	numeric	36	36	1	How helpful were your telehealth visits compared to traditional in-person visits?	1=Much better, 2=Somewhat Better, 3=About the Same, 4=Somewhat Worse, 8=Not Applicable

CONSUMER BACKGROUND DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
MEXICAN/LATINO	numeric	37	37	1	Are you of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
AGE	numeric	38	38	1	Age Range:	1=18-25, 2=26-35, 3=36-45, 4=46-55, 5=56-64, 6=65+
LANGUAGE	text	39	45	7	Language in which the survey was completed.	See Appendix C for language codes.
SURVEY_TYPE	text	46	51	6	If survey was completed on paper versus online.	Online Paper
MALE	numeric	52	52	1	What is your gender: Male	0=No 1=Yes
FEMALE	numeric	53	53	1	What is your gender: Female	0=No 1=Yes
NONBINARY	numeric	54	54	1	What is your gender: NonBinary	0=No 1=Yes
TGF2M	numeric	55	55	1	What is your gender: Transgender Female to Male	0=No 1=Yes
TGM2F	numeric	56	56	1	What is your gender: Transgender Male to Female	0=No 1=Yes
ANOTHER GENDER IDENTITY	numeric	57	57	1	What is your gender: Another	0=No 1=Yes
HETEROSEXUAL	numeric	58	58	1	Do you think of yourself as: Heterosexual	0=No 1=Yes
GAY	numeric	59	59	1	Do you think of yourself as: Gay	0=No 1=Yes
BISEXUAL	numeric	60	60	1	Do you think of yourself as: Bisexual	0=No 1=Yes
QUEER	numeric	61	61	1	Do you think of yourself as: Queer	0=No 1=Yes
SOANOTHER	numeric	62	62	1	Do you think of yourself as: with Another sexual orientation	0=No 1=Yes
SOUNKNOWN	numeric	63	63	1	Do you think of yourself as: Unknown sexual orientation	0=No 1=Yes

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UNKNOWN/ MISSING SEXUAL ORIENTATION	numeric	64	64	1	Sexual Orientation: Computed variable when sexual orientation responses are missing	1 = Yes
AMERICAN INDIAN/ALASKA	numeric	65	65	1	Race/Ethnicity: American Indian/Alaska Native	0=No 1=Yes
ASIAN	numeric	66	66	1	Race/Ethnicity: Asian	0=No 1=Yes
BLACK/AFRICAN AMERICAN	numeric	67	67	1	Race/Ethnicity: Black or African American	0=No 1=Yes
NATIVE HAWAIIAN/PACIFIC ISLANDER	numeric	68	68	1	Race/Ethnicity: Native Hawaiian or Pacific Islander	0=No 1=Yes
WHITE	numeric	69	69	1	Race/Ethnicity: White	0=No 1=Yes
ANOTHER	numeric	70	70	1	Race/Ethnicity: Another	0=No 1=Yes
UNKNOWN/RACE	numeric	71	71	1	Race/Ethnicity: Unknown	0=No 1=Yes
LANGUAGE	text	72	81	10	Language: Computed variable for language in which survey was completed	AR-E (Armenian Eastern) Chinese English Farsi Korean Missing Russian Spanish ARE-W (Western Armenian)
TELEHEALTHC	text	82	94	13	Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	1 = None 2 = Very Little 3 = About Half 4 = Almost All 5 = All Missing
TELEHEALTHHELPFULC	text	95	114	20	How helpful were your telehealth visits compared to traditional in-person visits?	1 = Much Better 2 = Somewhat Better 3 = About the Same 4 = Somewhat Worse Not Applicable
TREATMENTSETTING_S	text	115	137	23	Treatment Setting with Labels	Detox OP/IOP OTP/NTP Other/Missing Partial Hospitalization Residential

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GENDER	text	138	162	25	Combined Gender variable	Another Gender Decline to answer/Missing Female Male Non Binary TGF2M TGM2F
GENDER: DECLINE TO ANSWER/MISSING	numeric	163	163	1	Gender: Computed variable when gender responses are missing	1 = Yes
RACE: DECLINE TO ANSWER/MISSING	numeric	164	164	1	Race: Computed variable when race/ethnicity responses are missing	1 = Yes
ETHNICITY/RACE	text	165	199	35	Ethnicity/Race combined as one variable	American Indian/Alaska Native Another Asian Black/African American Decline to Answer/Missing Mexican/Latino Native Hawaiian/Pacific Islander Unknown/Missing White
AGE	text	200	224	25	Age Group with labels	18-25 26-35 36-45 46-55 56-64 65+ Decline to answer/Missing

TREATMENT PERCEPTIONS SURVEY DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
Convenient Location	numeric	225	225	1	The location was convenient (public transportation, distance, parking, etc.).	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Convenient Time	numeric	226	226	1	Services were available when I needed them.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Choose My Treatment Goals	numeric	227	227	1	I chose the treatment goals with my provider's help.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Enough Time	numeric	228	228	1	Staff gave me enough time in my treatment sessions.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Respect	numeric	229	229	1	Staff treated me with respect.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Understood Communication	numeric	230	230	1	Staff spoke to me in a way I understood.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree,

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						8=Not Applicable
Cultural Sensitivity	numeric	231	231	1	Staff were sensitive to my cultural background (race, religion, language, etc.).	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Worked with Physical Health Providers	numeric	232	232		Staff here work with my physical health care providers to support my wellness.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Work with Mental Health Providers	numeric	233	233	1	Staff here work with my mental health care providers to support my wellness	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Better Able to do Things	numeric	234	234	1	As a direct result of the services I am receiving, I am better able to do things that I want to do.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Felt Welcomed	numeric	235	235	1	I felt welcomed here.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Satisfied	numeric	236	236	1	Overall, I am satisfied with the service I received.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable

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Get Help	numeric	237	237	1	I was able to get all the help/services that I needed.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Recommend	numeric	238	238	1	I would recommend this agency to a friend or family member.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Less Craving	numeric	239	239	1	As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Other Services	numeric	240	240	1	Staff here helped me to connect with other services as needed (social services, housing, etc.,)	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
*COMMENTS	*	*	*	*	Comments	

Appendix A: County Codes

Code	Name
01	Alameda
07	Contra Costa
09	El Dorado
10	Fresno
12	Humboldt
13	Imperial
15	Kern
18	Lassen
19	Los Angeles
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
47	Siskiyou
48	Solano
50	Stanislaus
54	Tulare
56	Ventura
57	Yolo

Appendix B: Data Access and File Format

Data Access

To access and download your county's survey data and reports, you need access to the UCLA Box folder. Please contact Ms. Marylou Gilbert to set up an account.

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right)

Appendix C: Language Codes

Code	Language	Availability	
		Youth	Adult
EN	English	√	√
AR-E (Eastern)	Armenian	√	√
AR-W (Western)	Armenian	√	√
AB	Arabic	√	√
CH	Chinese	√	√
ES	Spanish	√	√
FA	Farsi	√	√
HM	Hmong	√	√
KH	Khmer	√	√
KO	Korean	√	√
RU	Russian	√	√
SP	Spanish	√	√
TG	Tagalog	√	√
VI	Vietnamese	√	√

Appendix D: Survey Version

Survey Version

This data dictionary defines the variables specific to the questions on the Treatment Perceptions Survey (Adult), 06/29/23-V10

Treatment Perceptions Survey (Adult)

**County / Provider
Use Only**

CalOMS Provider ID (required)

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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 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. I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. 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"/>
10. 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"/>
11. 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"/>
12. 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"/>
13. Staff here helped me to connect with other services as needed (social services, housing, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>
15. 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"/>
16. 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"/>

17. 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

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

Much better Somewhat better About the same Somewhat worse Not applicable

19. 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

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

- Male
- Female
- Transgender: Female to Male
- Transgender: Male to Female
- Non-Binary (neither Male nor Female)
- Another Gender Identity

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

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Queer
- Another sexual orientation
- Unknown

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

- Yes No Unknown

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

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Another race
- Unknown

24. Age Range:

- 18-25 26-35 36-45
- 46-55 56-64 65+

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Thank you for taking the time to answer these questions!