



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. 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)?
 

<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
- 21. 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
- 22. Are you of Mexican/Hispanic/Latinx descent?  
 Yes    No    Unknown
- 23. 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	
- 24. Age Range:  
 18-25    26-35    36-45    46-55    56-64    65+

**Thank you for taking the time to answer these questions!**

