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

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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 leave additional comments about your treatment experience. Do **NOT** write any information that may identify you, for example do **NOT** write your name or phone number. Do **NOT** use this space to report an emergency or crisis. For immediate help, please contact your treatment provider or 911.

NOW TELL US A LITTLE ABOUT YOURSELF

23. What is your sex?
○ Male ○ Female

24. Age: ☐☐

25. Are you of Mexican/Hispanic/Latinx descent?
○ Yes ○ No ○ Unknown

26. 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

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Thank you for taking the time to answer these questions!