

Treatment Perceptions Survey (Adult)

CalOMS Provider ID

Program Reporting Unit (Address)

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Support Services

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.

DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be able to be read by a computer. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.

Correct Incorrect

Strongly Agree
Agree
I am Neutral
Disagree
Strongly Disagree
Not Applicable

Today's Date (MM/DD/YYYY)

 / /

1. The location was convenient (public transportation, distance, parking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Services were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I chose the early intervention/treatment/recovery goals with my provider's help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff gave me enough time in my early intervention/treatment/recovery sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff spoke to me in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt welcomed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff here work with my physical health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff here work with my mental health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff here helped me to connect with other services as needed (social services, housing, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I was able to get all the help/services that I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	<input type="checkbox"/> None <input type="checkbox"/> Very little <input type="checkbox"/> About half <input type="checkbox"/> Almost all <input type="checkbox"/> All					
18. How helpful were your telehealth visits compared to traditional in-person visits?	<input type="checkbox"/> Much better <input type="checkbox"/> Somewhat better <input type="checkbox"/> About the same <input type="checkbox"/> Somewhat worse <input type="checkbox"/> N/A					
19. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
20. Did the program staff show you the patient orientation video?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Watching the patient orientation video helped me better understand the substance use disorder system in LA County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
22. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A



23. Comment: 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

24. How long have you received services here?

- First visit/day
- 2 weeks or less
- More than 2 weeks but less than 4 weeks
- 4 weeks or more

25. Age:

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

26. Are you enrolled in Medi-Cal?

- Yes No

27. What is your current gender identity (Note: This is how you identify yourself, which may not be the same as the sex you were assigned at birth)?

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other (specify):
- Prefer not to state

28. What was your sex at birth?

- Female Male
- Other (specify):
- Prefer not to state

29. What is your sexual orientation?

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else (specify):
- Don't know
- Prefer not to state

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

- Yes No Unknown

31. Race/Ethnicity (Please mark all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Another race (specify):
- Unknown

32. Disability Status (Please mark all that apply)

- Physically Disabled
- Developmentally or Intellectually Disabled
- Visually Impaired/Blind
- Other (specify):
- Hearing Impaired/Deaf
- Co-occurring Mental Health Condition
- None

33. What is your criminal justice involvement status?

- Post-release Community Supervision (AB109) or on Probation from any federal, state, or local jurisdiction
- Awaiting trial, charges or sentencing
- On parole from any other jurisdiction
- Any other criminal justice involvement
- No criminal justice involvement

