

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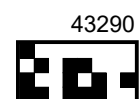
Treatment Setting (required): OP/IOP Residential OTP/NTP Detox/WM (standalone) Partial hospitalization

- Please answer these questions about your experience at this program.
- If the question is about something you have not experienced, fill in the circle for "Not Applicable."
- **DO NOT WRITE YOUR NAME ON THIS FORM.**
- 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"/> |



43290



Comments

Please do not write any information that may identify you, including but not limited to your name and/or phone number.

Please answer the following questions.

1. How long have you have received services here?

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

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

- Female Male Transgender Other gender identity Decline to answer

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

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

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

Thank you for taking the time to answer these questions!

