

# Treatment Perceptions Survey (Youth)

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

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, 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?

- Less than 1 month  1 - 5 months  6 months or more

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):

- American Indian/Alaskan Native  Latino  Other  
 Asian  Native Hawaiian/Pacific Islander  
 Black/African American  White/Caucasian  Unknown

4. Age:

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Thank you for taking the time to answer these questions!

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