

## Treatment Perceptions Survey (Adult)

CalOMS Provider ID







Program Reporting Unit (Address)











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

Today's Date (MM/DD/YYYY)











 Strongly Agree  
 Agree  
 I am Neutral  
 Disagree  
 Strongly Disagree  
 Not Applicable

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"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> I am Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> 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"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> I am Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A

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**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 homeless?**

- ☐ Yes      ☐ No

**27. Are you receiving recovery incentive/contingency management services?**

- ☐ Yes      ☐ No

**28. 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  
☐ Gender Queer/Gender Non-Conforming  
☐ Other (specify):   
☐ Prefer not to state

**29. What was your sex at birth?**

- ☐ Female      ☐ Male  
☐ Other (specify):

**30. What is your sexual orientation?**

- ☐ Heterosexual/Straight      ☐ Pansexual  
☐ Lesbian (Female)      ☐ Asexual  
☐ Gay (Male)      ☐ Other (specify):   
☐ Bisexual      ☐ Queer  
☐ Unsure/Questioning/Don't know      ☐ Prefer not to state

**31. Are you of Mexican/Hispanic/Latinx descent?**

- ☐ Yes      ☐ No      ☐ Unknown

**32. Race/Ethnicity (Please mark all that apply)**

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian/Pacific Islander  
☐ White/Caucasian  
☐ Other (specify):   
☐ Prefer not to state

**33. Disability Status (Please mark all that apply)**

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

**34. 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