

Provider/Agency #

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Program #

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Year

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Quarter

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## PERCEPTION OF CARE SURVEY

### What do you think about the services you receive?

Thank you for completing this voluntary survey. You can stop the survey at any time. Your services in this program will not be affected by whether or not you complete this survey. Your answers to this survey are confidential. They will not be linked to you or affect your participation in this program.

**Please do not write your name on this form.**

Your answers will be added with other client's answers to give program managers a picture of how the program is doing. Please note that the 3 open-ended questions at the end of the survey are for you to complete if there are other issues, things you see and/or concerns that you feel are not covered in the survey but want program managers to know about.

**Participant Type:** ☐ Treatment ☐ Recovery ☐ Access To Recovery/SOARS ☐ Mental Health ☐ Other

**Please enter today's date:**

___ / ___ /20___
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#### 1. About how long have you been in this program?

- ☐ One week
- ☐ Two weeks
- ☐ Three weeks
- ☐ Less than 1 month
- ☐ 1 month (4-7 weeks)
- ☐ 2-3 months
- ☐ 4-5 months
- ☐ 6-8 months
- ☐ 9-11 months
- ☐ 1 year
- ☐ 1½ years
- ☐ 2 or more years

#### 2. How old are you?

- ☐ 17 or younger
- ☐ 18-20
- ☐ 21-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55 or older

#### 3. Gender:

- ☐ Male
- ☐ Female

**Please turn over...**

**4. Are you Hispanic or Latino/a?**

- ☐ No
- ☐ Yes

**5. What is your race? (Please choose one.)**

- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Black or African-American
- ☐ Other

**Part II: What kind of services are you receiving?**

**6. What is the primary reason you are receiving services?**

- ☐ Substance use
- ☐ Mental health
- ☐ Both

**7. Have you ever received services for this problem or a similar problem anywhere prior to coming here? (Check all that apply)**

- ☐ No
- ☐ Yes, Detox or crisis services
- ☐ Yes, Inpatient rehab or residential treatment
- ☐ Yes, Outpatient or day treatment
- ☐ Yes, Sober house or community residence
- ☐ Yes, Other.

**8. Did you enter this program because a court judge, probation officer or parole officer required or told you to?**

- ☐ No
- ☐ Yes

**9. Did someone from this program (your counselor, a doctor, nurse, or other therapist) discuss with you the use of medication(s) to assist in recovery? Which kind of medications? (Check all that apply.)**

- ☐ Yes, to help me stop smoking or craving cigarettes and other tobacco products
- ☐ Yes, to help me stop using or craving alcohol or drugs
- ☐ Yes, to help me treat my mental health or emotional problem
- ☐ No, none of the above

**10. When you came for services, were you given information about your rights as a client?**

- ☐ No
- ☐ Yes

**11. Have you been employed since you entered this program?**

- ☐ No, not since entering this program
- ☐ Yes, but not currently employed
- ☐ Yes, currently employed

**12. Have you been enrolled in school since you entered this program?**

- ☐ No, not since entering this program  
☐ Yes, but not currently enrolled  
☐ Yes, currently enrolled

**PART III: What do you think about the services you receive?**

<b>13. Please check only one box in each row.</b>	<b>Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a) When I needed services right away, I was able to see someone as soon as I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) This program helped me develop a plan for when I feel stressed, anxious or unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The people I receive services from spend enough time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I helped to develop my service/treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The people I receive services from are sensitive to my cultural background (race, religion, language, sexual orientation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I was given information about different services that were available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I was given enough information to effectively handle my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) <i>As a result of the program services I have received, I am less bothered by my symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) <i>As a result of the program services I have received, I am better able to cope when things go wrong.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) <i>As a result of the program services I have received, I am better able to accomplish the things I want to do.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) <i>As a result of the program services I have received, I am not likely to use alcohol and/or other drugs.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) <i>As a result of the program services I have received, I am doing better at work/school. (If this does not apply to you, please leave it blank.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) <i>As a result of the program services I have received, I get along with my teachers/boss. (If this does not apply to you, please leave it blank.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) There is someone who cares about whether I am doing better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I have someone who will help when I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) I have people in my life who are a positive influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) The people I care about are supportive of my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) People count on me to help them when they have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) I have friends who are clean and sober.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) I have someone who will listen to me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please turn over...**

<b>Please check only one box in each row.</b>	<b>Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
u) Using alcohol and/or drugs is a problem for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) I need to work on my problems with alcohol and/or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) I would return to this program if I need help in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) I would recommend this program to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please write in your answers....**

**14. What is this program doing right?**

**15. What could be done to improve this program?**

**16. Is there anything else about this program that you would like to say?**

**THANK YOU**