

# PERCEPTION OF CARE SURVEY

## What do you think about the services you have received?

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.

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.

Client/Participant Type

Treatment  Recovery  Access To Recovery/SOARS  Mental Health  Other

Provider:  Program:

Survey Conducted:  Year:  Quarter:

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
- 1 1/2 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

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

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 kinds of medication? (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

13. What do you think about the services you receive?

Do you Disagree, Somewhat Agree, Agree, or Strongly Agree with the following?

a) When I needed services right away, I was able to see someone as soon as I wanted.

**Disagree**      **Somewhat Agree**      **Agree**      **Strongly Agree**

                

b) This program helped me develop a plan for when I feel stressed, anxious or unsafe.

                

c) The people I went to for services spent enough time with me.

                

d) I helped to develop my service/treatment goals.

                

e) The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).

                

f) I was given information about different services that were available to me.

                

g) I was given enough information to effectively handle my problems.

                

**Disagree**      **Somewhat Agree**      **Agree**      **Strongly Agree**

h) *As a result of the program services I have received,*

                

I am less bothered by my symptoms.

i) *As a result of the program services I have received,*  
I am better able to cope when things go wrong.

                

j) *As a result of the program services I have received,*  
I am better able to accomplish the things I want to do.

                

k) *As a result of the program services I have received,*

                

I am not likely to use alcohol and/or other drugs.

l) *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 blank.)

                

m) *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 blank.)

**Disagree**      **Somewhat Agree**      **Agree**      **Strongly Agree**

n) There is someone who cares about whether I am doing better.

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| o) I have someone who will help when I have a problem.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p) I have people in my life who are a positive influence.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q) The people I care about are supportive of my recovery.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r) People count on me to help them when they have a problem.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s) I have friends who are clean and sober.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t) I have someone who will listen to me when I need to talk.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | <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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v) I need to work on my problems with alcohol and/or drugs.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | <b>Disagree</b>       | <b>Somewhat Agree</b> | <b>Agree</b>          | <b>Strongly Agree</b> |
| w) I would return to this program if I needed help in the future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| x) I would recommend this program to a friend or family member.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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?