

ID Number: _____

Date

Month	

Day	

Year	

Form Completed By: Client Other

I. Background Information

1. **Your age:** _____
2. **Gender:** Male Female
3. **Are you Hispanic or Latino?**
 No Yes
4. **Which of the following best describes your racial/ethnic background?**
Select one or more
 American Indian/Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White
5. **What is the primary reason for which you are currently receiving services?**
 Mental health Substance abuse
 Both mental health and substance abuse Other (*Please Specify*) _____
6. **How long have you been receiving services here for your current problem(s)?**
 Less than 1 month 1 to 2 months 3 to 5 months
 6 to 11 months 1 to 2 years More than two years (*Specify*) _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average .25 hours per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

7. **Have you ever received treatment for this problem or a similar problem anywhere prior to coming here?**

- No Yes

If YES, where – select all that apply

- Hospital, residential treatment
 Outpatient, Day treatment
 Detox
 Crisis intervention / emergency room
 Half-way house
 Peer-support / self-help
 Other _____
(Please Specify)

8. **Did you voluntarily come for services? (Select ALL that apply)**

- Yes
 No, my treatment was **court ordered**
 No, I was pressured by family to come for services
 No, I was pressured by friends to come for services
 No, I was pressured by my work/school to come for services
 Other *(Please Specify)* _____

9. **Did someone (counselor, therapist, or doctor) from this agency recommend or prescribe medication that was related to your treatment?**

- No Yes

9a. If someone from this agency recommended or prescribed medication, were you told about the side effects of this medication.

- No Yes

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

- No Yes

II. Survey Items

Please read each statement below and think about the services you have received. Fill in the circle that best describes how you feel.

		Disagree	Somewhat Disagree	Agree	Strongly Disagree	Does Not Apply
1.	When I needed services right away, I was able to see someone as soon as I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	The people I went to for services spent enough time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I helped to develop my service/treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I was given information about different services that were available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I was given enough information to effectively handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>As a result of the services (treatment) I have received . . .</i>						
7.	I am less bothered by my symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I am better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I am better able to accomplish the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I am not likely to use alcohol and/or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I am doing better at work/school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I get along with my teachers/boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	There is someone who cares about whether I am doing better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I have someone who will help when I have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I have people in my life who are a positive influence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	The people I care about are supportive of my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Disagree	Somewhat Disagree	Agree	Strongly Disagree	Does Not Apply
17.	People count on me to help them when they have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I have friends who are clean and sober.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	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"/>	<input type="radio"/>
20.	Using alcohol and/or drugs is a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I need to work on my problems with alcohol and/or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTP-Specific Questions

		Disagree	Somewhat Disagree	Agree	Strongly Disagree	Does Not Apply
1.	My program helps me take charge of my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	My program is fair and flexible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	My program helps me lead a healthier lifestyle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	My program works with me to meet my dosage needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	My program tells the public about what is good about medications like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I am able to speak with medical staff if I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	My program tells the public about the benefits of treatment like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	My program has medication hours that are convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Because I am in treatment, I commit fewer (or no) crimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	My program helps me learn the skills I need to stand up for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	My program helps me deal with other agencies that impact my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	My program helps me mend relations with family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Disagree	Somewhat Agree	Agree	Strongly Agree	Does Not Apply
13.	My program explains my rights and obligations as a client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I feel OK asking staff about program rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	My program helps me be an active member of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	My program helps me see that I need more than medication to recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	My program stands up for me with outside agencies and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	My program knows how to help me meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	My program helps me find ways to pay for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Program staff works with me to ensure that my treatment goals are met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I feel safe at my treatment program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	The place where I go for my treatment is clean and neat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	My program values my concerns about my dose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	My program helps me get access to medical care when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	My program helps me lead a less risky lifestyle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	I use alcohol and/or other drugs, but I just want help for my opiate use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	My program includes peer leadership as part of my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	I am able to speak with program staff about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>