

TREATMENT PERCEPTIONS SURVEY (TPS)

Data Dictionary (TPS 2024)

for the

Youth Survey

**University of California, Los Angeles
Integrated Substance Use and Addiction Programs
Fall 2024**

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For more information visit the UCLA - TPS Web Page at <https://www.uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html>

Youth Survey

ADMINISTRATIVE DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
COUNTY	text	1	15	15	County in which the survey was completed.	County Name. For combined Partnership counties, use code = PHC
COUNTYID	numeric	16	17	2	County Code:	See Appendix A for county code
PROVIDERID	text	18	23	6	CalOMS Provider ID	
REPORTINGUNIT	text	24	33	10	Program Reporting Unit	10-character field
TREATMENTSETTING	numeric	34	34	1	Treatment Setting	1=Outpatient/Intensive Outpatient, 2=Residential, 3=OTP/NTP, 4=Detox
TELEHEALTH	numeric	35	35	1	Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	1=None 2=Very Little 3=About Half 4= Almost All 5 = All
TelehealthHelpful	numeric	36	36	1	How helpful were your telehealth visits compared to traditional in-person visits?	1=Much better, 2=Somewhat better, 3=About the same, 4=Somewhat worse, 8=Not applicable

CONSUMER BACKGROUND DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
MEXICAN/LATINO	numeric	37	37	1	Are you of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
RACEANOTHER	numeric	38	38	1	Race/Ethnicity: Another	0=No 1=Yes
LANGUAGE	text	39	45	7	Language in which the survey was completed.	See Appendix C for language codes.
SURVEY_TYPE	text	46	51	6	If survey was completed on paper versus online.	Online Paper
MALE	numeric	52	52	1	What is your gender: Male	0-No 1=Yes
FEMALE	numeric	53	53	1	What is your gender: Female	0=No 1=Yes
NONBINARY	numeric	54	54	1	What is your gender: NonBinary	0=No 1=Yes
TGF2M	numeric	55	55	1	What is your gender: Transgender Female to Male	0=No 1=Yes
TGM2F	numeric	56	56	1	What is your gender: Transgender Male to Female	0=No 1=Yes
ANOTHER GENDER IDENTITY	numeric	57	57	1	What is your gender: Another	0=No 1=Yes
HETEROSEXUAL	numeric	58	58	1	Do you think of yourself as: Heterosexual	0=No 1=Yes
GAY	numeric	59	59	1	Do you think of yourself as: Gay	0=No 1=Yes
BISEXUAL	numeric	60	60	1	Do you think of yourself as: Bisexual	0=No 1=Yes
QUEER	numeric	61	61	1	Do you think of yourself as: Queer	0=No 1=Yes
SOANOTHER	numeric	62	62	1	Do you think of yourself as: with Another sexual orientation	0=No 1=Yes
SOUNKNOWN	numeric	63	63	1	Do you think of yourself as: Unknown sexual orientation	0=No 1=Yes
AMERICAN INDIAN/ALASKA NATIVE	numeric	65	65	1	Race/Ethnicity: American Indian/Alaska Native	0=No 1=Yes
ASIAN	numeric	66	66	1	Race/Ethnicity: Asian	0=No 1=Yes

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BLACK/AFRICAN AMERICAN	numeric	67	67	1	Race/Ethnicity: Black or African American	0=No 1=Yes
NATIVE HAWAIIAN/PACIFIC ISLANDER	numeric	68	68	1	Race/Ethnicity: Native Hawaiian or Pacific Islander	0=No 1=Yes
WHITE	numeric	69	69	1	Race/Ethnicity: White	0=No 1=Yes
ANOTHER	numeric	70	70	1	Race/Ethnicity: Another	0=No 1=Yes
UNKNOWN/RACE	numeric	71	71	1	Race/Ethnicity: Unknown	0=No 1=Yes
AGE	numeric	72	72	1	Age-Group	1=12-13 2=14 3=15 4=16 5=17
LANGUAGE	text	73	82	10	Language: Computed variable for language in which survey was completed	English Missing Spanish
TELEHEALTHC	text	83	95	13	Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	1 = None 2 = Very Little 3 = About Half 4 = Almost All 5 = All Missing
TELEHEALTHHELPFULC	text	96	115	20	How helpful were your telehealth visits compared to traditional in-person visits?	1 = Much Better 2 = Somewhat Better 3 = About the Same 4 = Somewhat Worse Not Applicable
TREATMENTSETTING_S	text	116	138	23	Treatment Setting with Labels	Detox/WM (standalone) OP/IOP OTP/NTP Other/Missing Residential
GENDER	text	139	163	25	Combined Gender variable	Another Gender Decline to answer/Missing Female Male Non Binary TGF2M TGM2F

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SEXUAL ORIENTATION	numeric	164	194	31	Sexual orientation combined as one variable	Bisexual Decline to answer/Missing Gay Heterosexual Queer SOAnother SOUnknown
ETHNICITY/RACE	text	195	224	35	Ethnicity/Race combined as one variable	American Indian/Alaska Native Another Asian Black/African American Decline to Answer/Missing Mexican/Latino Native Hawaiian/Pacific Islander Unknown/Missing White
AGE	text	225	229	25	Age Group with labels	12-13 14 15 16 17 Decline to answer/Missing

TREATMENT PERCEPTIONS SURVEY DATA						
Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
Location Convenient	numeric	230	230	1	The location was convenient (public transportation, distance, parking, etc.).	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
ServicesAvailable	numeric	231	231	1	Services were available at times that were convenient for me.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Good Experience	numeric	232	232	1	I had a good experience enrolling in treatment.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Worked on TX Goals	numeric	233	233	1	My counselor and I worked on treatment goals together.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Services Right for Me	numeric	234	234	1	I received services that were right for me.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Respect	numeric	235	235	1	Staff treated me with respect.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree,

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						8=Not Applicable
Counselor Listened	numeric	236	236	1	I feel my counselor took the time to listen to what I had to say.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Positive Trust	numeric	237	237	1	I developed a positive, trusting relationship with my counselor.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Cultural Background	numeric	238	238	1	Staff were sensitive to my cultural background (race/ethnicity, religion, language etc.,)	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
UnderstoodMe	numeric	239	239	1	I feel my counselor was sincerely interested in me and understood me.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
LikedCounselor	numeric	240	240	1	I liked my counselor here.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
CapableHelpMe	numeric	241	241	1	My counselor is capable of helping me.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable

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EmotionalNeeds	numeric	242	242	1	Staff here makes sure that my health and emotional needs are being met (physical exams, depressed mood, etc.,)	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
OtherNeeds	numeric	243	243	1	Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Services4Family	numeric	244	244	1	My counselor provided necessary services for my family.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Do Things	numeric	245	245	1	As a direct result of the services I am receiving, I am better able to do things that I want to do.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Satisfied	numeric	246	246	1	Overall I am satisfied with the services I received.	5=Strongly Agree, 4=Agree, 3=I am neutral, 2=Disagree, 1=Strongly Disagree, 8=Not Applicable
Recommend	numeric	247	247	1	I would recommend the services to a friend who needs similar help	
Less Cravings	numeric	248	248	1	As a direct result of the services that I am receiving, I feel less craving for drugs and alcohol.	
*COMMENTS	*	*	*	*	Comments	

Appendix A: County Codes

Code	Name
01	Alameda
07	Contra Costa
09	El Dorado
10	Fresno
12	Humboldt
13	Imperial
15	Kern
18	Lassen
19	Los Angeles
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
47	Siskiyou
48	Solano
50	Stanislaus
54	Tulare
56	Ventura
57	Yolo

Appendix B: Data Access and File Format

Data Access

To access and download your county's survey data and reports, you need access to the UCLA Box folder. Please contact Ms. Marylou Gilbert to set up an account.

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right).

Appendix C: Language Codes

Code	Language	Availability	
		Youth	Adult
EN	English	√	√
AR-E (Eastern)	Armenian	√	√
AR-W (Western)	Armenian	√	√
AB	Arabic	√	√
CH	Chinese	√	√
ES	Spanish	√	√
FA	Farsi	√	√
HM	Hmong	√	√
KH	Khmer	√	√
KO	Korean	√	√
RU	Russian	√	√
SP	Spanish	√	√
TG	Tagalog	√	√
VI	Vietnamese	√	√

Appendix D: Survey Version

Survey Version

This data dictionary defines the variables specific to the questions on the Treatment Perceptions Survey (Youth), 06/29/23-V10

Treatment Perceptions Survey (Youth)

Print PDF as needed.

2024

Do not photocopy!

**County / Provider
Use Only**

CalOMS Provider ID (required)

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Program Reporting Unit (if required by your county):

--	--	--	--	--	--	--	--	--	--

Treatment Setting (required): OP/IOP Residential OTP/NTP Detox/WM (standalone) Partial hospitalization

• 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.

• Please fill in bubbles completely

Correct: ●

Incorrect: ○ ⊗ ⊙

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 direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. 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"/> |
| 19. 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"/> |
20. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?
 None Very little About half Almost all All
21. How helpful were your telehealth visits compared to traditional in-person visits?
 Much better Somewhat better About the same Somewhat worse Not applicable

22. 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

23. What is your gender (Please select all that apply)?
 Male
 Female
 Transgender: Female to Male
 Transgender: Male to Female
 Non-Binary (neither Male nor Female)
 Another Gender Identity
24. Do you think of yourself as (Please select all that apply):
 Straight/Heterosexual
 Gay or Lesbian
 Bisexual
 Queer
 Another sexual orientation
 Unknown
25. Are you of Mexican/Hispanic/Latinx descent?
 Yes No Unknown
26. Race/Ethnicity (Please select all that apply):
 American Indian/Alaska Native
 Asian
 Black/African-American
 Native Hawaiian/Other Pacific Islander
 White/Caucasian
 Another race
 Unknown
27. Age:

30191



Thank you for taking the time to answer these questions!