

Recovery Self-Assessment: Person in Recovery Version

Please place a check mark next to the services you receive at this agency.

Mental Health

- outpatient
- intensive outpatient
- partial hospital/day program
- residential
- vocational
- inpatient
- case management

Substance Abuse

- outpatient
- intensive outpatient
- detox
- rehab
- residential
- vocational
- case management

For each statement below, please circle the number that expresses how you feel about the services you receive from the agency that gave you this survey.

1. I receive most of my services at home, workplace, or community (place of worship, recreation center).

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

2. Staff listen to and follow my choices and preferences.

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

3. Services meet my needs.

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

4. Services respect my life experiences and personal interests.

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

5. Services and staff respect my culture, ethnicity and race.

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

6. Staff help to link me with other persons in recovery who can help me.

1.	2.	3.	4.	5.
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Doesn't apply</i>

O'Connell, Tondora, Croog, Evans, & Davidson (2005)

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7. Staff encourage me to talk about my needs and beliefs including spiritual, social and sexual, if I wish.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
8. I can review my treatment records, if I wish.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
9. I can be involved in the development of new programs for this agency, if I wish.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
10. Staff help me to participate in special interest activities like adult education and church groups.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
11. Staff help me to develop my career and life goals.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
12. I can participate in reviewing my services and service provider(s).
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
13. Staff help to involve my significant others (spouses, friends, family members, etc) in the planning of my services, if I wish.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
14. Staff help to involve other sources of support (clergy, neighbors, landlords, etc) in the planning of my services, if I wish.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
15. Staff believe I can recover.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |
16. Staff believe I can make my own treatment and life choices.
- | | | | | |
|--------------------------|-----------------|--------------|-----------------------|----------------------|
| 1. | 2. | 3. | 4. | 5. |
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Agree</i> | <i>Strongly agree</i> | <i>Doesn't apply</i> |