

Recovery Markers Questionnaire(RMQ)

DATE:
CLIENT CASE #:

STAFF ID #:
UNIT/SUB-UNIT:

Administration Method: Face to face Telehealth Other

Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
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For each of the following questions, please fill in the answer that is true for you now

1. My living situation is safe and feels like home to me.				
2. I have trusted people I can turn to for help				
3. I have at least one close mutual (give-and-take) relationship.				
4. I am involved in meaningful productive activities.				
5. My psychiatric symptoms are under control.				
6. I have enough income to meet my needs.				
7. I am not working, but see myself working within 6 months.				
8. I am learning new things that are important to me.				
9. I am in good physical health.				
10. I have a positive spiritual life/connection to a higher power.				
11. I like and respect myself.				
12. I am using my personal strengths skills or talents.				
13. I have goals I'm working to achieve.				
14. I have reasons to get out of bed in the morning.				
15. I have more good days than bad.				
16. I have a decent quality of life.				
17. I control the important decisions in my life.				
18. I contribute to my community.				
19. I am growing as a person.				
20. I have a sense of belonging.				
21. I feel alert and alive.				
22. I feel hopeful about my future.				
23. I am able to deal with stress.				
24. I believe I can make positive changes in my life.				
25. My symptoms are bothering me less since starting services here				
26. I deal more effectively with daily problems since starting services here				

	Yes	No
27. I am working part time (less than 35 hours a week)		
28. I am working full time (35 or more hours per week)		
29. I am in school		
30. I am volunteering		
31. I am in a work training program		
32. I am seeking employment		
33. I am retired		
34. I regularly visit a clubhouse or peer support program		

35. YOUR INVOLVEMENT IN THE RECOVERY PROCESS: Which of the following statements is most true for you?

A. I have never heard of, or thought about, recovery from psychiatric disability
B. I do not believe I have any need to recover from psychiatric problems
C. I have not had the time to really consider recovery
D. I've been thinking about recovery, but haven't decided yet
E. I am committed to my recovery, and am making plans to take action very soon
F. I am actively involved in the process of recovery from psychiatric disability
G. I was actively moving toward recovery, but now I'm not because: _____
H. I feel that I am fully recovered; I just have to maintain my gains
I. Other (specify): _____

Client could not complete because: language refused unable other (please specify): _____

NOTE: Complete at Intake, 6 Month Treatment Plan Update, and Discharge.

This form can be entered into HOMS at <https://homs.ucsd.edu>.