

Recovery Markers Questionnaire (RMQ)

DATE:

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CLIENT CASE #:

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STAFF ID #:

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UNIT/SUB-UNIT:

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For each of the following questions, please fill in the answer that is true for you now.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My living situation is safe and feels like home to me.	<input type="radio"/>				
I have trusted people I can turn to for help.	<input type="radio"/>				
I have at least one close mutual (give-and-take) relationship.	<input type="radio"/>				
I am involved in meaningful productive activities.	<input type="radio"/>				
My psychiatric symptoms are under control.	<input type="radio"/>				
I have enough income to meet my needs.	<input type="radio"/>				
I am not working, but see myself working within 6 months.	<input type="radio"/>				
I am learning new things that are important to me.	<input type="radio"/>				
I am in good physical health.	<input type="radio"/>				
I have a positive spiritual life/connection to a higher power.	<input type="radio"/>				
I like and respect myself.	<input type="radio"/>				
I am using my personal strengths skills or talents.	<input type="radio"/>				
I have goals I'm working to achieve.	<input type="radio"/>				
I have reasons to get out of bed in the morning.	<input type="radio"/>				
I have more good days than bad.	<input type="radio"/>				
I have a decent quality of life.	<input type="radio"/>				
I control the important decisions in my life.	<input type="radio"/>				
I contribute to my community.	<input type="radio"/>				
I am growing as a person.	<input type="radio"/>				
I have a sense of belonging.	<input type="radio"/>				
I feel alert and alive.	<input type="radio"/>				
I feel hopeful about my future.	<input type="radio"/>				
I am able to deal with stress.	<input type="radio"/>				
I believe I can make positive changes in my life.	<input type="radio"/>				
My symptoms are bothering me less since starting services here	<input type="radio"/>				
I deal more effectively with daily problems since starting services here	<input type="radio"/>				

	Yes	No
I am working part time (less than 35 hours a week)	<input type="radio"/>	<input type="radio"/>
I am working full time (35 or more hours per week)	<input type="radio"/>	<input type="radio"/>
I am in school	<input type="radio"/>	<input type="radio"/>
I am volunteering	<input type="radio"/>	<input type="radio"/>
I am in a work training program	<input type="radio"/>	<input type="radio"/>
I am seeking employment	<input type="radio"/>	<input type="radio"/>
I am retired	<input type="radio"/>	<input type="radio"/>
I regularly visit a clubhouse or peer support program	<input type="radio"/>	<input type="radio"/>

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

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

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

NOTE: This form can be faxed confidentially to (858) 622-1795 with cover page.

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