Recovery Self-Assessment: Person in Recovery Version

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

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ outpatient</td>
<td>___ outpatient</td>
</tr>
<tr>
<td>___ intensive outpatient</td>
<td>___ intensive outpatient</td>
</tr>
<tr>
<td>___ partial hospital/day program</td>
<td>___ detox</td>
</tr>
<tr>
<td>___ residential</td>
<td>___ rehab</td>
</tr>
<tr>
<td>___ vocational</td>
<td>___ residential</td>
</tr>
<tr>
<td>___ inpatient</td>
<td>___ vocational</td>
</tr>
<tr>
<td>___ inpatient</td>
<td>___ inpatient</td>
</tr>
<tr>
<td>___ case management</td>
<td>___ case management</td>
</tr>
</tbody>
</table>

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).

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

3. Services meet my needs.

4. Services respect my life experiences and personal interests.

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

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

O’Connell, Tondora, Croog, Evans, & Davidson (2005)
Modified with permission by the Philadelphia Department of Behavioral Health/Mental Retardation Services (2005)
7. Staff encourage me to talk about my needs and beliefs including spiritual, social and sexual, if I wish.


8. I can review my treatment records, if I wish.


9. I can be involved in the development of new programs for this agency, if I wish.


10. Staff help me to participate in special interest activities like adult education and church groups.


11. Staff help me to develop my career and life goals.


12. I can participate in reviewing my services and service provider(s).


13. Staff help to involve my significant others (spouses, friends, family members, etc) in the planning of my services, if I wish.


14. Staff help to involve other sources of support (clergy, neighbors, landlords, etc) in the planning of my services, if I wish.


15. Staff believe I can recover.


16. Staff believe I can make my own treatment and life choices.