



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Code: _____

Recovery Self-Assessment (RSA)

Administrator/Manager Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.



N/A = Not applicable

D/K = Don't Know

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program. 1 2 3 4 5 N/A D/K

2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.). 1 2 3 4 5 N/A D/K

3. Staff encourage program participants to have hope and high expectations for their recovery. 1 2 3 4 5 N/A D/K

- | | | | | | | | |
|--|---|---|---|---|---|-----|-----|
| 4. Program participants can change their clinician or case manager if they wish. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 5. Program participants can easily access their treatment records if they wish. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 7. Staff believe in the ability of program participants to recover. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 8. Staff believe that program participants have the ability to manage their own symptoms. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 10. Staff listen to and respect the decisions that program participants make about their treatment and care. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 11. Staff regularly ask program participants about their interests and the things they would like to do in the community. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 12. Staff encourage program participants to take risks and try new things. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 13. This program offers specific services that fit each participant's unique culture and life experiences. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 14. Staff offer participants opportunities to discuss | 1 | 2 | 3 | 4 | 5 | N/A | D/K |

their spiritual needs and interests when they wish.

15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish. 1 2 3 4 5 N/A D/K

16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies). 1 2 3 4 5 N/A D/K

17. Staff routinely assist program participants with getting jobs. 1 2 3 4 5 N/A D/K

18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies. 1 2 3 4 5 N/A D/K

19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer). 1 2 3 4 5 N/A D/K

20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors. 1 2 3 4 5 N/A D/K

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs. 1 2 3 4 5 N/A D/K

22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup). 1 2 3 4 5 N/A D/K

23. People in recovery are encouraged to help staff 1 2 3 4 5 N/A D/K

with the development of new groups, programs, or services.

24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers. 1 2 3 4 5 N/A D/K

25. People in recovery are encouraged to attend agency advisory boards and management meetings. 1 2 3 4 5 N/A D/K

26. Staff talk with program participants about what it takes to complete or exit the program. 1 2 3 4 5 N/A D/K

27. Progress made towards an individual's own personal goals is tracked regularly. 1 2 3 4 5 N/A D/K

28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations. 1 2 3 4 5 N/A D/K

29. Persons in recovery are involved with facilitating staff trainings and education at this program. 1 2 3 4 5 N/A D/K

30. Staff at this program regularly attend trainings on cultural competency. 1 2 3 4 5 N/A D/K

31. Staff are knowledgeable about special interest groups and activities in the community. 1 2 3 4 5 N/A D/K

32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. 1 2 3 4 5 N/A D/K

Separate Section for Administrators Only

33. This agency provides formal opportunities for people in recovery, family members, service 1 2 3 4 5 N/A D/K

providers, and administrators to learn about recovery.

34. This agency provides structured educational activities to the community about mental illness and addictions. 1 2 3 4 5 N/A D/K

35. This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical, community-based, employment, skill building, employment, etc.). 1 2 3 4 5 N/A D/K

36. Groups, meetings, and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school. 1 2 3 4 5 N/A D/K

Scoring:

Ratings from the individual items can be added together to yield a total score, with the higher scores indicating greater quality care.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/661501>