



## 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)

#### Family Member/Significant Other Version

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

1                      2                      3                      4                      5  
Strongly Disagree                      Strongly Agree

N/A = Not applicable

D/K = Don't Know

1. Staff make efforts to welcome my loved one and help him/her to feel comfortable in this program.                      1   2   3   4   5   N/A   D/K

2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.                      1   2   3   4   5   N/A   D/K

3. Staff encourage my loved one to have hope and high expectations for his/her recovery.                      1   2   3   4   5   N/A   D/K

4. My loved one can change his/her clinician or case manager if he/she wants to.	1	2	3	4	5	N/A	D/K
5. My loved one can easily access his/her treatment records if he/she wishes.	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 my loved one.	1	2	3	4	5	N/A	D/K
7. Staff believe that my loved one can recover.	1	2	3	4	5	N/A	D/K
8. Staff believe that my loved one has the ability to manage his/her 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 my loved one and respect his/her decisions about his/her treatment and care.	1	2	3	4	5	N/A	D/K
11. Staff regularly ask my loved one about his/her interests and the things he/she would like to do in the community.	1	2	3	4	5	N/A	D/K
12. Staff encourage my loved one to take risks and try new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific services that fit the unique culture and life experiences of my loved one.	1	2	3	4	5	N/A	D/K
14. My loved one is given opportunities to discuss	1	2	3	4	5	N/A	D/K

his or

her spiritual needs and interests when he or she wishes.

15. My loved one is given opportunities to discuss his or her sexual needs and interests when he or she wishes. 1 2 3 4 5 N/A D/K

16. Staff help my loved one 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 assist my loved one with getting jobs. 1 2 3 4 5 N/A D/K

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

19. Staff help my loved one to include people who are important to him/her in his/her recovery/treatment planning (such as family, friends, clergy, or an employer). 1 2 3 4 5 N/A D/K

20. Staff introduce my loved one to others in recovery who can serve as role models or mentors. 1 2 3 4 5 N/A D/K

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

22. Staff help my loved one to find ways to give back to the community (i.e., volunteering, community services, neighborhood 1 2 3 4 5 N/A D/K

watch/cleanup).

- |  |   |   |   |   |   |     |     |
|--|---|---|---|---|---|-----|-----|
| 23. My loved one is encouraged to help staff with the development of new groups, programs, or services.                    | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 24. Program participants are encouraged to be involved in the evaluation of this program's services and service providers. | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 25. My loved one is encouraged to attend agency advisory boards and management meetings                                    | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 26. Staff talk with my loved one about what it takes to complete or exit the program.                                      | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 27. Staff help my loved one keep track of the progress he/she makes towards his/her personal goals.                        | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 28. Staff work hard to help my loved one fulfill his/her personal goals.   | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 29. My loved one is or can be involved in facilitating staff trainings and education programs at this agency.              | 1 | 2 | 3 | 4 | 5 | N/A | D/K |
| 30. Staff listen, and respond, to my loved one's cultural experiences, interests, and concerns.                            | 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 |

*\*For family/significant other only*

33. Staff make efforts to welcome me and make me feel comfortable in this program.	1	2	3	4	5	N/A	D/K
34. Staff encourage me to have hope and high expectations for my loved one's recovery.	1	2	3	4	5	N/A	D/K
35. Staff listen to me and respect my opinion about my loved one's treatment and care.	1	2	3	4	5	N/A	D/K
36. Staff include me in my loved one's recovery/treatment planning.	1	2	3	4	5	N/A	D/K
37. I am encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
38. I am encouraged to be involved in the evaluation of this program's services and service providers.	1	2	3	4	5	N/A	D/K
39. I am encouraged to attend agency advisory boards and management meetings, if I want.	1	2	3	4	5	N/A	D/K
40. I am/can be involved in facilitating staff trainings and education programs at this agency.	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/661502>