RSA-R 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 Strongly Di	2 sagree	3	4	5 Strongly Agree					
N/A= Not Applicable D/K= Don't Know									
1. Staff make efforts to welco comfortable in this program.	me my loved one and help	him/her to feel	1	2	3	4	5	N/A	D/K
2. The physical space of this particles inviting and dignified.	program (e.g., the lobby, w	vaiting rooms, etc.)	1	2	3	4	5	N/A	D/K
3. Staff encourage my loved or recovery.	one to have hope and high	expectations for his/her	r 1	2	3	4	5	N/A	D/K
4. My loved one can change h to.	nis/her clinician or case ma	anager if he/she wants	1	2	3	4	5	N/A	D/K
5. My loved one can easily ac	cess his/her treatment reco	ords if he/she wishes.	1	2	3	4	5	N/A	D/K
6. Staff do not use threats, brilbehavior of my loved one.	bes, or other forms of pres	ssure to influence the	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 symptoms.	one has the ability to man	age his/her own	1	2	3	4	5	N/A	D/K
9. Staff believe that program pregarding things such as wheretc.			, 1	2	3	4	5	N/A	D/K
10. Staff listen to my loved or treatment and care.	ne and respect his/her deci	sions about his/her	1	2	3	4	5	N/A	D/K
11. Staff regularly ask my lov he/she would like to do in the		ests and the things	1	2	3	4	5	N/A	D/K
12. Staff encourage my loved	one to take risks and try n	new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific experiences of my loved one.	fic services that fit the uni-	que culture and life	1	2	3	4	5	N/A	D/K
14. My loved one is given opposite on the state of the st		r her spiritual needs and	d 1	2	3	4	5	N/A	D/K
15. My loved one is given opposite on the state of the st		r her sexual needs and	1	2	3	4	5	N/A	D/K
16. Staff help my loved one to managing symptoms or stayin fitness, connecting with famil	ng stable (e.g., employmen		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 activities, such as church grou			1	2	3	4	5	N/A	D/K

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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 watch/cleanup).	1	2	3	4	5	N/A	D/K
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 ones 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/sig oth 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

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.

Code
