

# 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): \_\_\_\_\_