

Recovery Markers Questionnaire (RMQ)

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 CLIENT CASE #:

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STAFF ID #:

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 UNIT/SUB-UNIT:

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Administration Method: Face to face Telehealth Other

Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
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For each of the following questions, please fill in the answer that is true for you now

1. My living situation is safe and feels like home to me.	<input type="radio"/>				
2. I have trusted people I can turn to for help	<input type="radio"/>				
3. I have at least one close mutual (give-and-take) relationship.	<input type="radio"/>				
4. I am involved in meaningful productive activities.	<input type="radio"/>				
5. My psychiatric symptoms are under control.	<input type="radio"/>				
6. I have enough income to meet my needs.	<input type="radio"/>				
7. I am not working, but see myself working within 6 months.	<input type="radio"/>				
8. I am learning new things that are important to me.	<input type="radio"/>				
9. I am in good physical health.	<input type="radio"/>				
10. I have a positive spiritual life/connection to a higher power.	<input type="radio"/>				
11. I like and respect myself.	<input type="radio"/>				
12. I am using my personal strengths skills or talents.	<input type="radio"/>				
13. I have goals I'm working to achieve.	<input type="radio"/>				
14. I have reasons to get out of bed in the morning.	<input type="radio"/>				
15. I have more good days than bad.	<input type="radio"/>				
16. I have a decent quality of life.	<input type="radio"/>				
17. I control the important decisions in my life.	<input type="radio"/>				
18. I contribute to my community.	<input type="radio"/>				
19. I am growing as a person.	<input type="radio"/>				
20. I have a sense of belonging.	<input type="radio"/>				
21. I feel alert and alive.	<input type="radio"/>				
22. I feel hopeful about my future.	<input type="radio"/>				
23. I am able to deal with stress.	<input type="radio"/>				
24. I believe I can make positive changes in my life.	<input type="radio"/>				
25. My symptoms are bothering me less since starting services here	<input type="radio"/>				
26. I deal more effectively with daily problems since starting services here	<input type="radio"/>				

	Yes	No
27. I am working part time (less than 35 hours a week)	<input type="radio"/>	<input type="radio"/>
28. I am working full time (35 or more hours per week)	<input type="radio"/>	<input type="radio"/>
29. I am in school	<input type="radio"/>	<input type="radio"/>
30. I am volunteering	<input type="radio"/>	<input type="radio"/>
31. I am in a work training program	<input type="radio"/>	<input type="radio"/>
32. I am seeking employment	<input type="radio"/>	<input type="radio"/>
33. I am retired	<input type="radio"/>	<input type="radio"/>
34. I regularly visit a clubhouse or peer support program	<input type="radio"/>	<input type="radio"/>

35. YOUR INVOLVEMENT IN THE RECOVERY PROCESS: Which of the following statements is most true for you?

<input type="radio"/> A. I have never heard of, or thought about, recovery from psychiatric disability
<input type="radio"/> B. I do not believe I have any need to recover from psychiatric problems
<input type="radio"/> C. I have not had the time to really consider recovery
<input type="radio"/> D. I've been thinking about recovery, but haven't decided yet
<input type="radio"/> E. I am committed to my recovery, and am making plans to take action very soon
<input type="radio"/> F. I am actively involved in the process of recovery from psychiatric disability
<input type="radio"/> G. I was actively moving toward recovery, but now I'm not because: _____
<input type="radio"/> H. I feel that I am fully recovered; I just have to maintain my gains
<input type="radio"/> I. Other (specify): _____

Client could not complete because: language refused unable other (please specify): _____

NOTE: Complete at Intake, 6 Month Treatment Plan Update, and Discharge.

This form can be entered into HOMS at <https://homs.ucsd.edu>.