## 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 Disagree	2	3	4	5 Strongly Agree					
N/A= Not Appli D/K= Don't Kno										
1. Staff make eff comfortable in the	forts to welcome my lownis program.	ed one and he	lp him/her to feel	1	2	3	4	5	N/A	D/K
2. The physical s feels inviting and	space of this program (eddignified.	g., the lobby,	waiting rooms, etc.)	1	2	3	4	5	N/A	D/K
3. Staff encourage recovery.	ge my loved one to have	e hope and high	h expectations for his/her	1	2	3	4	5	N/A	D/K
4. My loved one to.	can change his/her clin	ician or case n	nanager if he/she wants	1	2	3	4	5	N/A	D/K
5. My loved one	can easily access his/he	er treatment re	cords if he/she wishes.	1	2	3	4	5	N/A	D/K
6. Staff do not us behavior of my l	se threats, bribes, or oth loved one.	er forms of pro	essure to influence the	1	2	3	4	5	N/A	D/K
7. Staff believe t	that my loved one can re	ecover.		1	2	3	4	5	N/A	D/K
8. Staff believe t symptoms.	that my loved one has th	ne ability to ma	nnage his/her own	1	2	3	4	5	N/A	D/K
	that program participant such as where to live, v		eir own life choices whom to be friends with,	1	2	3	4	5	N/A	D/K
10. Staff listen to treatment and ca	o my loved one and respare.	pect his/her dec	cisions about his/her	1	2	3	4	5	N/A	D/K
	ly ask my loved one above to do in the communi		erests and the things	1	2	3	4	5	N/A	D/K
12. Staff encoura	age my loved one to tak	e risks and try	new things.	1	2	3	4	5	N/A	D/K
13. This program experiences of n	n offers specific service ny loved one.	s that fit the ur	nique culture and life	1	2	3	4	5	N/A	D/K
14. My loved on interests when h		to discuss his	or her spiritual needs and	1	2	3	4	5	N/A	D/K
15. My loved on interests when h		to discuss his	or her sexual needs and	1	2	3	4	5	N/A	D/K
	y loved one to develop toms or staying stable (e			1	2	3	4	5	N/A	D/K

fitness, connecting with family and friends, hobbies). 17. Staff assist my loved one with getting jobs. 2 3 4 5 N/A D/K 18. Staff help my loved one to get involved in non-mental health related 3 5 4 N/A D/K activities, such as church groups, adult education, sports, or hobbies. 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 3 4 5 N/A D/K employer). 20. Staff introduce my loved one to others in recovery who can serve as role 2 3 4 5 N/A D/K models or mentors. 21. Staff connect my loved one with self-help, peer support, or consumer 2 3 5 N/A D/K 4 advocacy groups and programs. 22. Staff help my loved one to find ways to give back to the community (i.e., 3 4 5 N/A D/K volunteering, community services, neighborhood watch/cleanup). 23. My loved one is encouraged to help staff with the development of new 3 5 N/A D/K 4 groups, programs, or services. 24. Program participants are encouraged to be involved in the evaluation of this 3 4 5 N/A D/K program's services and service providers. 25. My loved one is encouraged to attend agency advisory boards and 3 5 N/A D/K management meetings 26. Staff talk with my loved one about what it takes to complete or exit the 3 4 5 N/A D/K program. 27. Staff help my loved one keep track of the progress he/she makes towards 3 5 N/A D/K his/her personal goals. 28. Staff work hard to help my loved one fulfill his/her personal goals. N/A D/K 3 5 29. My loved one is or can be involved in facilitating staff trainings and 3 5 N/A D/K education programs at this agency. 30. Staff listen, and respond, to my loved ones cultural experiences, interests, and 3 5 N/A D/K concerns. 31. Staff are knowledgeable about special interest groups and activities in the 3 5 N/A D/K community. 32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and 2 3 5 4 N/A D/K interests. \*For family/sig oth only 33. Staff make efforts to welcome me and make me feel comfortable in this 2 5 D/K 3 4 N/A program. 34. Staff encourage me to have hope and high expectations for my loved one's 3 4 5 N/A D/K recovery. 35. Staff listen to me and respect my opinion about my loved one's treatment 2 3 4 5 N/A D/K and care. 36. Staff include me in my loved one's recovery/ treatment planning. 3 4 5 D/K 2 N/A

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