

Recovery Oriented System Indicators (ROSI)

ADULT SURVEY

To provide the best possible mental health and substance abuse services, we want to know what you think about the services you received *in the last 6 months*. Do not write your name or address on this survey. Your answers are confidential and will not be linked to any of the mental health and/or substance abuse services you receive.

Section One: Please indicate how much you disagree or agree with each of the following statements. Read each statement and circle the number (from “1”=Strongly Disagree to “4”=Strongly Agree) that best represents your situation *in the past 6 months*. If the statement is about something you did not experience, circle the last response “N/A” to indicate this item does not apply to you.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
1. There is at least one person who believes in me.	1	2	3	4	N/A
2. I have a place to live that feels like a comfortable home to me.	1	2	3	4	N/A
3. I am encouraged to use consumer-run programs (support groups, drop-in centers, etc).	1	2	3	4	N/A
4. I do not have the support I need to function in the roles I want in my community.	1	2	3	4	N/A
5. I do not have enough good service options to choose from.	1	2	3	4	N/A
6. Mental health and/or substance abuse services helped me get housing in a place I feel safe.	1	2	3	4	N/A
7. Staff do not understand my experience as a person with mental health and/or substance abuse problems.	1	2	3	4	N/A
8. The mental health/substance abuse staff ignore my physical health.	1	2	3	4	N/A
9. Staff respect me as a whole person.	1	2	3	4	N/A
10. Mental health and/or substance abuse services have caused me emotional or physical harm.	1	2	3	4	N/A
11. I cannot get the mental health/substance abuse services I need when I need them.	1	2	3	4	N/A
12. Mental health/substance abuse services helped me get medical benefits that meet my needs.	1	2	3	4	N/A
13. Mental health/substance abuse services led me to be more dependent, not independent.	1	2	3	4	N/A
14. I lack the information or resources I need to uphold my client rights and basic human rights.	1	2	3	4	N/A
15. I have enough income to live on.	1	2	3	4	N/A
16. Services help me develop the skills I need.	1	2	3	4	N/A
17. Substance abuse services help me be better able to deal with my alcohol or drug problem.	1	2	3	4	N/A
18. Substance abuse services help me have a better understanding of my addiction.	1	2	3	4	N/A

Section Two: Please read each statement and circle the number that best represents your situation *during the past 6 months*. The responses range from “1”=Never/Rarely to “4”=Almost Always/Always. If the statement is about something that you did not experience, circle the last response “N/A” to indicate this item does not apply to you.

	Never/ Rarely	Sometimes	Often	Almost Always/ Always	N/A
19. I have housing that I can afford.	1	2	3	4	N/A
20. I have a chance to advance my education if I want to.	1	2	3	4	N/A
21. I have reliable transportation to get where I need to go.	1	2	3	4	N/A
22. Mental health/substance abuse services helped me get or keep employment.	1	2	3	4	N/A
23. Staff see me as an equal partner in my treatment program.	1	2	3	4	N/A
24. Mental health/substance abuse staff support my self-care or wellness.	1	2	3	4	N/A
25. I have a say in what happens to me when I am in crisis.	1	2	3	4	N/A
26. Staff believe that I can grow, change, and recover.	1	2	3	4	N/A
27. Staff use pressure, threats, or force in my treatment.	1	2	3	4	N/A
28. There was a consumer peer advocate to turn to when I needed one.	1	2	3	4	N/A
29. There are consumers working as paid employees in the mental health/substance abuse agency where I receive services.	1	2	3	4	N/A
30. Staff give me complete information in words I understand before I consent to treatment or medication.	1	2	3	4	N/A
31. Staff encourage me to do things that are meaningful to me.	1	2	3	4	N/A
32. Staff stood up for me to get the services and resources I needed.	1	2	3	4	N/A
33. Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc)	1	2	3	4	N/A
34. Staff listen carefully to what I say.	1	2	3	4	N/A
35. Staff lack up-to-date knowledge on the most effective treatments.	1	2	3	4	N/A
36. Mental health/substance abuse staff interfere with my personal relationships.	1	2	3	4	N/A

Please circle the number that best represents your situation <i>during the past 6 months.</i>					
	Never/ Rarely	Sometimes	Often	Almost Always/ Always	N/A
37. Mental health/substance abuse staff help me build on my strengths.	1	2	3	4	N/A
38. My right to refuse treatment is respected.	1	2	3	4	N/A
39. My treatment plan goals are stated in my own words.	1	2	3	4	N/A
40. The doctor worked with me to get on medications that were most helpful for me.	1	2	3	4	N/A
41. I am treated as a psychiatric label rather than as a person.	1	2	3	4	N/A
42. I can see a therapist when I need to.	1	2	3	4	N/A
43. My family gets the education or supports they need to be helpful to me.	1	2	3	4	N/A
44. I have information or guidance to get the services and supports I need, both inside and outside my mental health/substance abuse agency.	1	2	3	4	N/A

Section Three: Are there other issues related to how services help or hinder your recovery? Please explain.

Section Four: Please answer the following questions to let us know a little about you. We are asking you to provide this information so we are able to have a general description of the participants taking this survey. Please circle the answer that best fits your response to the question or write in your answer on the line provided.

45. What is your gender?

- 1 = Female 2 = Male 3 = Trans female 4 = Trans male
5 = Other (Please state: _____)

46. What is your age? _____ years

47. What is your race or ethnic background? (Circle the one that applies best.)

- 1 = American Indian/Alaska Native 5 = White/Caucasian
2 = Asian 6 = More than one race or ethnic group
3 = Black/African American 7 = Other (describe: _____)
4 = Native Hawaiian/Pacific Islander

48. Do you consider yourself Hispanic or Latino/a?

- 1 = Yes 2 = No

49. What is your level of education? (Circle the highest level you reached or currently are in.)

- 1 = Less than high school 3 = College/Technical Training 5 = Other (describe: _____)
2 = High school/GED 4 = Graduate School

50. Are you currently receiving mental health and/or substance abuse services?

- 1 = Mental Health only 2 = Substance Abuse only 3 = Mental Health and Substance Abuse services

51. How long have you been receiving mental health and/or substance abuse services?

- 1 = Less than 1 year 3 = 3 to 5 years
2 = 1 to 2 years 4 = More than 5 years

52. Which services or program have you used in the past six months? (Circle all that apply.)

- 1 = Community Support Program (CSP) 2 = Comprehensive Community Services (CCS)

53. What type of place do you live in? (Circle the one that applies best.)

- 1 = My own home or apartment 4 = Boarding house
2 = Supervised/supported apartment 5 = Homeless or homeless shelter
3 = Residential facility 6 = Other (describe: _____)

54. What Wisconsin county do you currently live in? _____ County, WI

55. Do you have any other comments about the services you received in the last 6 months?

Thank you for your time and cooperation in completing this survey!

[This survey was adapted from the instrument developed by Dumont JM, Ridgway P, Onken SJ, Dorman DH & Ralph RO.]