

## Peer Support and Pain Self-Management Education Program Feedback

The following information is collected to help ensure the quality of future peer support specialist coaching and chronic pain workshops.

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Workshop Leaders/Peer Support Specialist Name:** \_\_\_\_\_

**Did you attend peer support specialist coaching, the chronic pain workshop, or both (please circle)?**      Peer Support      Chronic Pain Workshop      Both

*Please circle the number that best matches how you are feeling:*

I am confident that I can manage my chronic pain.

**Not at all confident**    1   2   3   4   5   6   7   8   9   10    **Totally confident**

I am confident that I can manage my chronic pain without prescription medications.

**Not at all confident**    1   2   3   4   5   6   7   8   9   10    **Totally confident**

How well are you able to distract yourself from your pain?

**Not at all well**    1   2   3   4   5   6   7   8   9   10    **Extremely Well**

**Do you have any suggestions for how the Chronic Pain workshop or peer support coaching could be improved?**

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**What would you tell others who might be interested in participating in the program in the future?**

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**1. Please indicate how much you agree or disagree with the following statements:**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>a.</b> The leaders and/or peer support specialist made me feel welcome and valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I now have a better understanding of how to manage the symptoms of my chronic health condition(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I felt my opinions and contributions were valued by the leaders and/or peer support specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> I will use what I learned in the workshop and/or peer support coaching in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR COMPLETING THE SURVEY!**

Name: .....

## RAS-DS (Recovery Assessment Scale – Domains and Stages)

Instructions: Below is a list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and circle the number to the right that best describes you at the moment. Circle only one number for each statement and do not skip any items.

DOING THINGS I VALUE					
		UNTRU	A bit TRU	Mostly TRUE	Completel y TRUE
1	It is important to have fun	1	2	3	4
2	It is important to have healthy habits	1	2	3	4
3	I do things that are meaningful to me	1	2	3	4
4	I continue to have new interests	1	2	3	4
5	I do things that are valuable and helpful to others	1	2	3	4
6	I do things that give me a feeling of great pleasure	1	2	3	4
LOOKING FORWARD					
		UNTRU	A bit TRU	Mostly TRUE	Completel y TRUE
7	I can handle it if I get unwell again	1	2	3	4
8	I can help myself become better	1	2	3	4
9	I have the desire to succeed	1	2	3	4
10	I have goals in life that I want to reach	1	2	3	4
11	I believe that I can reach my current personal goals	1	2	3	4
12	I can handle what happens in my life	1	2	3	4
13	I like myself	1	2	3	4
14	I have a purpose in life	1	2	3	4
15	If people really knew me they would like me	1	2	3	4
16	If I keep trying, I will continue to get better	1	2	3	4
17	I have an idea of who I want to become	1	2	3	4
18	Something good will eventually happen	1	2	3	4
19	I am the person most responsible for my own improvement	1	2	3	4
20	I am hopeful about my own future	1	2	3	4
21	I know when to ask for help	1	2	3	4

Recovery Assessment Scale – Domains and Stages (RAS-DS – Research Version 3).

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<b>LOOKING FORWARD (continued)</b>					
		<b>UNTRU</b>	<b>A bit TRU</b>	<b>Mostly TRUE</b>	<b>Completel y TRUE</b>
22	I ask for help, when I need it	1	2	3	4
23	I know what helps me get better	1	2	3	4
24	I can learn from my mistakes	1	2	3	4
<b>MASTERING MY ILLNESS</b>					
		<b>UNTRU</b>	<b>A bit TRU</b>	<b>Mostly TRUE</b>	<b>Completel y TRUE</b>
25	I can identify the early warning signs of becoming unwell	1	2	3	4
26	I have my own plan for how to stay or become well	1	2	3	4
27	There are things that I can do that help me deal with unwanted symptoms	1	2	3	4
28	I know that there are mental health services that help me	1	2	3	4
29	Although my symptoms may get worse, I know I can handle it	1	2	3	4
30	My symptoms interfere less and less with my life	1	2	3	4
31	My symptoms seem to be a problem for shorter periods of time each time they occur	1	2	3	4
<b>CONNECTING AND BELONGING</b>					
		<b>UNTRU</b>	<b>A bit TRU</b>	<b>Mostly TRUE</b>	<b>Completel y TRUE</b>
32	I have people that I can count on	1	2	3	4
33	Even when I don't believe in myself, other people do	1	2	3	4
34	It is important to have a variety of friends	1	2	3	4
35	I have friends who have also experienced mental illness	1	2	3	4
36	I have friends without mental illness	1	2	3	4
37	I have friends that can depend on me	1	2	3	4
38	I feel OK about my family situation	1	2	3	4

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