

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**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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

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

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

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. 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. 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"/>
c. 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"/>
d. 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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LOOKING FORWARD (continued)					
		UNTRU	A bit TRU	Mostly TRUE	Completel y TRUE
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
MASTERING MY ILLNESS					
		UNTRU	A bit TRU	Mostly TRUE	Completel y TRUE
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
CONNECTING AND BELONGING					
		UNTRU	A bit TRU	Mostly TRUE	Completel y TRUE
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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