

Client ID # _____

Date of Administration: _____

RECOVERY

CLIENT SELF-ADMINISTERED

Staying Well (Questionnaire about the Process of Recovery (QPR))

In each row, mark one box that best describes your experience over the last 7 days.

Your experience over the last 7 days	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
1. I feel better about myself					
2. I feel able to take chances in life					
3. I am able to develop positive relationships with other people					
4. I feel part of society rather than isolated					
5. I am able to assert myself					
6. I feel that my life has a purpose					
7. My experiences have changed me for the better					
8. I have been able to come to terms with things that have happened to me in the past and move on with my life					
9. I am basically strongly motivated to get better					
10. I can recognize the positive things I have done					
11. I am able to understand myself better					
12. I can take charge of my life					
13. I can actively engage with life					
14. I can take control of aspects of my life					
15. I can find the time to do the things I enjoy					