

The Client's Assessment of Treatment Scale for Supported Accommodation (CAT-SA)

The following 7 questions are about the quality of the care/support you are receiving. Please mark on the line below each question your response between 0 (not at all) and 10 (entirely).

1. Do you believe you are receiving the right support/care for you here?

Not at all |-----| Entirely
0 10

2. Does your support worker/key-worker understand you and is he/she engaged in your support/care?

Not at all |-----| Entirely
0 10

3. Are relations with other staff members here pleasant for you?

Not at all |-----| Entirely
0 10

4. Do you think you are receiving the right medication for you?

Not at all |-----| Entirely
0 10

5. Do you think the other elements of support/care here are right for you?

Not at all |-----| Entirely
0 10

6. Do you feel respected and well regarded?

Not at all |-----| Entirely
0 10

7. Has support/care here been helpful for you?

Not at all |-----| Entirely
0 10