

Participant Survey Questions:

Today's Date: ____/____/____

Important Note: This information is collected only for demonstrating how well Recovery Centers work. We are committed to protecting our visitors' identities and anonymity. (Edited 8-28-12)
Please answer all questions as completely and accurately as you can.

Initials ____/____/____

Gender: male female

Date of birth ____/____/____

- 1) Is your attendance at the recovery center based on your drug and alcohol use/addictions? Yes or No
- 2) Is your interest in recovery based on someone else's substance use/addictive behaviors?.. Yes or No
- 3) How long have you been coming to the recovery center? ____years ____months ____days
- 4) How long have you been sober and/or in recovery from drug/alcohol use? ... ____years ____months ____days
- 5) How many times a month do you come to the recovery center? ____
- 6) How did you find us? Please check one:

Came to attend meeting/training at center <input type="checkbox"/> Referred by court <input type="checkbox"/> Referred by Dept. of Corrections <input type="checkbox"/> Friend <input type="checkbox"/>	Referred by detox/Public Inebriate Program <input type="checkbox"/> Referred by treatment program <input type="checkbox"/> Referred by other service provider <input type="checkbox"/> Other _____
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- 7) Have you attended Making Recovery Easier? Please check one:

Yes, I attended all 6 sessions. <input type="checkbox"/>	Yes, I have started attending sessions <input type="checkbox"/>
No, I have not attended any Making Recovery Easier group sessions. <input type="checkbox"/>	
- 8) Have you had problems with returning to use after trying to stop?..... Yes or No
- 9) Has the recovery center helped you reduce the **frequency** of relapses? Yes or No
- 10) Has the recovery center helped you reduce the **length** of relapses? Yes or No
- 11) Have you been in substance abuse treatment? (include counseling as treatment) Yes or No
- 12) Have you been in treatment during the last 30 days? Yes or No
- 13) Have you participated in outpatient/inpatient mental health services?past present never
- 14) Are you involved in activities at the recovery center? Please check all that apply:

12 Step meetings <input type="checkbox"/>	Volunteering/providing support <input type="checkbox"/>	Other recovery meetings <input type="checkbox"/>
Events <input type="checkbox"/>	Educational workshops <input type="checkbox"/>	TV/videos <input type="checkbox"/>
Pool or other games <input type="checkbox"/>	Fellowship (meeting/hanging with friends) <input type="checkbox"/>	Computer use <input type="checkbox"/>
- 15) Has the recovery center helped you to **find** your recovery? Yes or No
- 16) Has coming to the center helped you to **maintain** your recovery?..... Yes or No
- 17) Has participating in the center's activities **enhanced** your recovery experience? Yes or No
- 18) Since coming to the center has your overall health and wellness improved? Yes or No
- 19) Since coming to the center have you started or increased physical exercise? Yes or No
- 20) Since coming to the center have you decreased or stopped smoking?..... Yes No N/A
- 21) Since coming to the center have your family relationships (partner, spouse, children) improved?..... Yes No N/A

(Please turn over to continue)

- 22) Current housing — please check one:
 Homeless Staying with friends Shelter Halfway/sober house
 Rent residence or a room in a shared apartment Own my residence
- 23) Have you found housing since coming to the center?..... Yes or No
- 24) Did people, support, or information provided at the center help you to find housing?. ... Yes No N/A
- 25) Current employment status — please check one:
 Actively seeking employment Part-time employed (less than 35 hours/week)
 Employed (35 or more hours/week) Not seeking employment
- 26) Have you found work since coming to the center?..... Yes No N/A
- 27) Did people, support, or information provided at the center help you to find work? Yes No N/A
- 28) Are you receiving any forms of assistance? Please check all that apply:
 SSI or SSDI Health insurance (VHAP or Medicaid) Three Squares (food stamps)
 General Assistance Reach Up Housing assistance
 Not applicable
- 29) Criminal justice system involvement — please check one: Never involved with criminal justice system
 Currently on probation or parole Released from probation or parole
- 30) Did you have “incidents” or criminal involvement **before** getting involved with the center?... Yes or No
- 31) Did you have new “incidents” or criminal involvement **since** getting involved with the center?Yes or No
- 32) In the past 30 days, have you been in crisis and used any of the following services? Please check all that apply:
 Ambulance Detoxification program Public Inebriate Program
 Emergency room Hospital Mental Health Crisis Team (“screeners”)
 Called hotline Not applicable
- 33) Are you currently taking prescribed medications in support of your health and recovery? Please check all that apply:
 Antidepressant Antipsychotic Pain medications Methadone
 Buprenorphine Naltraxone Acomprasate Antabuse
 Anti-anxiety medication Marijuana Sleeping medication Other _____
 Not applicable

Thank you for your valuable time and help!