

Recovery Management Check-up Questionnaire

Name of Service Recipient: _____

Date of Treatment Discharge: _____

Today's Date: _____

Staff: _____

Recovery Update

Question	Answer
How have you been doing with your recovery?	

If recovery has been sustained:

What has helped you sustain your recovery?	
Have there been specific things (like stressors or triggers) that have been making it difficult to sustain your recovery? If so, what have they been? How have you been managing them?	

If recovery has not been sustained:

When did you relapse?	Date:
What triggered the relapse?	
What have you been using?	
How often have you used?	
How much have you been using?	
What has worked well for you in the past when you have relapsed? What might you do this time to get back into recovery?	
Can I help you access treatment or other recovery support services? If so, specific date and time for appointment	Date: Time:

Social Support/Environment Update

Question	Answer
Have you been going to self-help meetings such as AA, NA, or CA? If not, would you be interested in finding out about these kinds of resources within your community?	
If yes, how often have you gone to meetings?	
Do you have a sponsor?	
Have you been visiting a recovery community center or been involved in any activities with CCAR (Connecticut Community for Addiction Recovery)? If not, would you be interested in finding out how to get connected to CCAR?	
If yes, how often have you gone?	
Do you have anyone in your life who you can talk to about your recovery? If so, who?	
Have you been talking with this person recently?	
Are you currently living in a safe environment that supports your recovery? If not, would you like some assistance in finding a safer and more supportive place to live?	
Have you been doing things lately that bring you enjoyment or give you a sense of satisfaction?	
Have you been progressing toward your goals?	

Summary

Is there anything that you can think of that would be helpful to your recovery process? If 'yes' what?	
Our next phone call is scheduled to take place on... is that a good time and day for you?	Date: Time:

For individuals who are reaching 90 days of clinical recovery check-ups and wish to continue to receive telephone support from a trained peer volunteer, please offer the CT Community for Addiction Recovery (CCAR) Peer Telephone Peer Support Program for continuing care. They can be reached at (877)676-2227.