

Appendix K

Recovery Call Questionnaire

Client Name:	Date:
Client Phone Number:	Staff:

Start the call by providing a summary to the client of the process you will use when conducting Recovery Check-Up Calls (purpose, use of tool, goals, how often and long calls will be made) and validate release of information is on file prior to call.

How has your recovery been going?	
Have you been able to sustain your recovery?	
What has contributed to your success?	

Complete the following questions if recovery has been sustained:

What has helped you sustain your recovery?	
Have there been specific services or supports that have helped sustain your recovery?	
Have you been regularly attending support group meetings?	
If yes, please specify type (AA/NA, Aftercare, etc.)	
If not, would you like information on these resources?	
Do you have anyone in your life you can talk to about your recovery?	
If yes, please specify who	
Have you been talking with them recently?	
Have you been doing things lately that bring you enjoyment?	
Do you feel like you're progressing towards goals you have set for yourself?	
Is there anything that you can think of that would be helpful to your recovery?	
Do you have any questions or need any information I can help you obtain?	
Would you like to schedule another call? If yes, when?	

On a scale of 1-10, how beneficial are these calls?	1	2	3	4	5	6	7	8	9	10
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Complete the following questions if recovery has not been sustained:

When did you return to use?	
What triggered the return to use?	
What have you been using?	
How often have you been using?	
How much have you been using?	
What has worked well for you in the past when you have returned to use?	
Do you have a recovery plan and if so, have you followed the plan?	
Can I assist you to access treatment or other recovery support services?	
Have you been regularly attending support group meetings?	
If yes, please specify type (AA/NA, Aftercare, etc.)	
If not, would you like information on these resources?	
Do you have anyone in your life you can talk to about your recovery?	
If yes, please specify who	
Have you been talking with them recently?	
Have you been doing things lately that bring you enjoyment?	
Do you feel like you're progressing towards goals you have set for yourself?	
Is there anything that you can think of that would be helpful to your recovery?	
Do you have any questions or need any information I can help you obtain?	
Would you like to schedule another call? If yes, when?	
On a scale of 1-10, how beneficial are these calls?	1 2 3 4 5 6 7 8 9 10

Appendix L

RECOVERY PEER COACHING: RECOVERY PLAN

This plan belongs to (name): _____ Date: _____

My hopes and dreams are: _____

My hopes and dreams are important because:

My plan focuses on this/these areas:

Living Learning Working Social Skills Whole Health

If choosing a Whole Health focus, what specific area do I choose to address at this time?

Healthy Eating Physical Activity Restful Sleep Spirituality
 Support Network Service to Others Emotional Stress Management

The steps I plan to take in realizing my hopes and dreams are:

The ways others can empower me are:

Who can empower me and how?

I will know that I am making progress toward realizing my hopes and dreams if:

Some things that could interfere with that realization are:

How important is realizing your hopes and dreams? 0= not at all 10= most important

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can make these changes? 0= not at all 10=completely confident

0 1 2 3 4 5 6 7 8 9 10

Appendix M

EMPLOYMENT SUPPORTS: EMPLOYMENT PLAN

This plan belongs to: _____ Date: _____

My short-term employment goals are:

My short-term employment goals will assist in my recovery by:

My long-term employment goals are:

My long-term employment goals will assist in my recovery by:

Training or education required to meet my long term employment goal:

The steps I plan to take in realizing my long term employment goal are:

Who can empower me and how? What resources do I have access to?

I will know that I am making progress toward realizing my employment goals if:

Some things that could interfere with that are:

How important is realizing your employment goals? 0= not at all 10= most important

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can reach those goals? 0= not at all 10=completely confident

0 1 2 3 4 5 6 7 8 9 10