



California Access to Recovery Effort (CARE)

RECOVERY MANAGEMENT CHECK-UP QUESTIONNAIRE

Client Name:	Date:
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Provider Name:	Staff Conducting Check-up:
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RECOVERY UPDATE

1. How have you been doing with your recovery?

Recovery sustained? Yes No (skip to Question 4)

2. What has helped you sustain your recovery?

3. Have there been specific things (stressors or triggers) that have been making it difficult to sustain your recovery? How have you been managing them? (Then skip to Question 9).

4. When did you relapse? Date: _____

5. What triggered the relapse?

Recovery Management Check-up Questionnaire

6. What have you been using? How much and how often?

7. What has worked well for you in the past when you have relapsed? What might you do this time to get back into recovery?

8. Can I help you access treatment services? (If so, document what action was taken)

SOCIAL SUPPORT/ENVIRONMENT UPDATE

9. Have you been going to self-help meetings such as AA or NA?

Yes No (skip to question 11)

10. How often do you attend self-help meetings? Do you have a sponsor?

11. If you do not attend self-help meetings, do you have anyone in your life who you can talk to about your recovery? Have you been talking to this person(s) recently?

Recovery Management Check-up Questionnaire

12. How often lately have you done things with people who are sober or who don't have an AOD problem?

13. Have you been progressing toward your goals?

SUMMARY

14. Is there anything else that you can think of that would be helpful to your recovery process?

15. Our next phone call is scheduled to take place on: Is that a good time and day for you?

Date:	Time:
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