



Post-Discharge Follow-Up Survey

Program Attended: Short-term Detox Residential Partial-Hospitalization IOP Outpatient

At this point in time, how helpful do you think your treatment at Stepworks was for your substance use problem? Very helpful Somewhat helpful Not very helpful Not helpful at all

Issues with my relationships have improved. Strongly Agree Agree Disagree Strongly Disagree

Did you keep your scheduled aftercare appointments? Yes No

If no, why not? _____

Are you attending 12-step meetings (AA/NA) or other support meetings? Yes No

If so, how often do you attend? Daily Weekly Twice weekly Biweekly Monthly

Occasionally Other: _____

Are you employed? Yes No

Where? _____

Are you a student? Yes No

Where and what are you studying? _____

Have you been arrested since leaving Stepworks? Yes No

If yes, how many arrests since leaving Stepworks? _____

Have you remained free from all mind-altering substances since leaving Stepworks? Yes No

If no, how often do you drink alcohol? Seldom Sometimes Weekly Daily

If no, how often do you use other mind-altering drugs? Seldom Sometimes Weekly Daily

If you are in recovery now, how long have you been sober? _____

Would you recommend Stepworks to other people for treatment? Yes No Maybe I don't know

Do you think you might need additional help now? Yes No **If yes, please transfer call to intake.**

Any additional comments or suggestions?

Name (optional) _____ Date _____