



Quality of Life Survey  
Social Model Recovery Systems, Inc.

<input type="checkbox"/> Bimini	<input type="checkbox"/> PCADD	<input type="checkbox"/> River Community Wellness Center
<input type="checkbox"/> Mariposa	<input type="checkbox"/> River Community	<input type="checkbox"/> Royal Palms
<input type="checkbox"/> Mid Valley Outpatient	<input type="checkbox"/> River Community Covina	<input type="checkbox"/> Stepping Stones
<input type="checkbox"/> Omni Center		

at admission <input type="checkbox"/>	3 months from discharge <input type="checkbox"/>	12 months from discharge <input type="checkbox"/>
at discharge <input type="checkbox"/>	6 months from discharge <input type="checkbox"/>	

Hello, \_\_\_\_\_, this is \_\_\_\_\_ from (program). We are following up with former residents and participants to see how they are doing. We're using this information to improve the services we provide. All the information remains confidential in our records. I just have a few questions to ask you, so it should only take about five minutes.

1 _____, over the past 30 days, how many days have you been abstinent?	# of days (0-30)	<input type="checkbox"/>
2 Over the past two weeks, have you participated in any 12-Step activities (for example, gone to meetings, contacted your sponsor, gone to dances, 12-Step work, etc.)?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
3 Are you currently prescribed any medication for mental health conditions or symptoms?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
<i>(if "yes" go to Question 4, if "no" go to Question 5)</i>		
4 Over the past two weeks, how many days have you taken your meds as prescribed?	# of days (0-14)	<input type="checkbox"/>
5 Thinking back over the past two weeks, how would you describe your mental health symptoms?	same	<input type="checkbox"/>
	improved	<input type="checkbox"/>
	worse	<input type="checkbox"/>
6 In the past six months, have you gone into the hospital because of your emotions or symptoms?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
	<i>if "yes", How many times?</i>	
7 How would you describe your physical health over the past two weeks?	same	<input type="checkbox"/>
	improved	<input type="checkbox"/>
	worse	<input type="checkbox"/>
8 During the past two weeks, have you had any contact with law enforcement (including your Probation Officer, if applicable)?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
9 What is your current living situation?	<i>independent</i>	<input type="checkbox"/>
	<i>independent with others</i>	<input type="checkbox"/>
	<i>transitional</i>	<input type="checkbox"/>
	<i>with assistance</i>	<input type="checkbox"/>
	<i>homeless</i>	<input type="checkbox"/>
10 Over the past two weeks, would you describe your employment activities as:	<i>full-time</i>	<input type="checkbox"/>
	<i>part-time</i>	<input type="checkbox"/>
	<i>seeking employment</i>	<input type="checkbox"/>
	<i>not seeking employment</i>	<input type="checkbox"/>
11 Are you going to school at this time?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
	<i>if "yes", Is it:</i>	
	<i>through voc rehab</i>	<input type="checkbox"/>
	<i>as a full-time student</i>	<input type="checkbox"/>
	<i>as a part-time student</i>	<input type="checkbox"/>
12 In the last two weeks, how many times have you experienced conflict with your family?	#	<input type="checkbox"/>
13 Have you ever considered using medications for addiction treatment?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

If "yes" - please see your counselor.

If you would like to be included in our Alumni group, can you share your email address?

\_\_\_\_\_

Thanks, \_\_\_\_\_, that's all the questions I have. We appreciate your willingness to help us out.

*If necessary:* \_\_\_\_\_, I have some concerns regarding \_\_\_\_\_ (or how you're doing.)

Would it be okay if one of our staff give you a call back at this number over the next few days to check in with you? Do you have our number if you need some support?

Staff name and signature

Date of interview

Revised 02/28/23