**AFTERCARE PROGRAM**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_

Profession (Specialization) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sobriety Date: \_\_\_\_\_\_\_\_\_\_ Primary Drug(s) of Addiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recovery Centers Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you attending 12 Step or other recovery meetings Yes No

If so, what usual weekly frequency and what meetings?

Describe your relationship with your sponsor(s) and what primary activities you have undertaken with your sponsor(s) in the past month.

What could you/should you attend to in your relationship with your sponsor?

Are you currently practicing or employed? Yes No

What are the limits or restrictions placed on your practice or work (both formal and informal)?

What could you/should you do within your work environment to improve it?

What are your family circumstances?

Describe your primary relationships in terms of changes and challenges over the past month.

Do other family members attend 12 Step recovery support programs? Yes No

What could you/should you work on within your family system?

**Aftercare Program Page II ID # \_\_\_\_\_**

What issues do you have related to your financial matters?

What do you need to work on regarding your financial picture?

Do you have any legal issues Yes No

If so, what you doing to manage these?

How are you taking care of yourself spiritually? What do you do on a regular basis to manage your spirituality?

What do you need to attend to with your spirituality?

How would you evaluate your physical health over this past month?

􀀀 Poor 􀀀 Fair 􀀀 Average 􀀀 Good 􀀀 Great

When was your last visit to see your family physicians or specialist?

What do you do to take care of your physical health?

How would you evaluate your overall emotional health this past month?

􀀀 Poor 􀀀 Fair 􀀀 Average 􀀀 Good 􀀀 Great

In terms of your emotional health, are you receiving treatment services from anyone on a regular basis?

What other activities do you take part in to maintain a healthy emotional state?

Describe your leisure/fun activities during this past month?

Has there been a relative “balance” in your life? Yes No

What do you need to work on to assist yourself in maintaining a healthy balance?

**Aftercare Program Page III ID # \_\_\_\_\_**

Describe any relapse behavior that you have been aware of during this past month.

How have you avoided HALT (Hungry, Angry, Lonely, Tired)?

What needs more of your attention?

What medication are you currently taking?

Are these on your list which our office maintains? Yes No

Have you had any changes in your address, phone numbers, pager numbers, etc.?

Have you participated in any educational or training programs in the past month?

Do you have upcoming continuing education plans? Yes No

What would be overall strengths and weaknesses of your program of recovery?

Have you had any issues with your screening program over the past month? Yes No

If so, what have you done about them?

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*