

Santa Fe Recovery Center

Follow Up Survey Form

Clients Name

Participant ID / Chart Number

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Discharge Date

	/		/	
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Date Telephone Survey was Completed

	/		/	
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Month

Day

Year

Survey Type (Check one)

☐ 3 month follow up ☐ 6 month follow up ☐ 1 year follow up ☐ Other (please specify_____)

Program Name (Outpatient/Residential/Other)

First, I will begin by asking you some general questions about you.

1. What is your gender? (Check one)

☐ Male ☐ Female ☐ Don't Know/Refused

2. Are you Hispanic or Latino? (Check one)

☐ Yes ☐ No ☐ Don't Know/Refused

What is your race? (Select one or more)

☐ White
☐ Black or African American
☐ American Indian
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Alaska Native ☐ Don't Know / Refused

3. What is your date of birth?

/ /
Month Day Year

4. What is your county of residence? (Select one or more)

☐ Santa Fe
☐ Bernalillo
☐ Taos
☐ Sandoval
☐ San Miguel
☐ Rio Arriba
☐ Other (please specify: _____) ☐ Don't Know / Refused

I would now like to ask you a few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

5. Think back over the past 30 days and report how many days, if any, you used the following substances:

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	5a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?	_____	<input type="checkbox"/>
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	5b.	During the past 30 days, on how many days did you use other tobacco products?	_____	<input type="checkbox"/>
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	5c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	_____	<input type="checkbox"/>
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	5d.	During the past 30 days, on how many days did you use marijuana or hashish?	_____	<input type="checkbox"/>
Other illegal drugs: Include substances like: <ul style="list-style-type: none"> • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to “feel good” or to get high) • Prescription drugs without a doctor’s orders, just to “feel good” or to get high 	5e.	During the past 30 days, on how many days did you use any other illegal drug?	_____	<input type="checkbox"/>

I would now like to ask you some questions concerning specific components about your discharge plan.

6Part1. Think back over the past 30 days and report if you have received any of the following after care treatment services for your substance abuse or alcohol problem?

		Yes	No	Don't Know/Refused	
6a.	Intensive Outpatient Services (I.O.P)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6b. If <u>yes</u> , did you complete the program? a. Yes b. No c. Don't Know/Refused
6c.	Regular Outpatient Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6d. If <u>yes</u> , did you complete the program? a. Yes b. No c. Don't Know/Refused
6e.	Other? (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6f. If <u>yes</u> , did you complete the program? a. Yes b. No c. Don't Know/Refused

6 Part II. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/Refused	
6g.	Attended meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6h. If <u>yes</u> , where did you attend meetings? _____
6i.	Spoken with your sponsor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would now like to ask you some questions concerning your medical status.

7. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/Refused	
7a.	Had chronic medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7b. If <u>yes</u> , what was the problem? _____

7c.	Been regularly taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7d.	Used the emergency services at a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would now like to ask you some questions concerning your employment status.

8. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/ Refused	
8a.	Been employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8b. If <u>yes</u> , where are you employed? _____
8c.	Been terminated or let go from a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would now like to ask you some questions concerning your housing situation.

9. Think back over the past 30 days and report if ...?

		Yes	No	Don't Know/ Refused	
9a.	Your housing situation has changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If <u>YES</u> ask:				
9b.	Are you homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9c.	Are you living in a shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9d.	Are you in a transitional living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would now like to ask you some questions concerning your legal status.

10. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/ Refused	
10a.	Been on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10b. If <u>yes</u> , are you...? a. still on probation b. newly placed on probation c. other d. Don't Know/ Refused
10c.	Completed a term of probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10d.	Been in prison or jail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10e.	Done anything illegal for profit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would now like to ask you some questions concerning your family/social status.

11. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/ Refused
11a.	Had difficulty getting along with other significant family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b.	Been emotionally abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11c.	Been physically abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11d.	Been sexually abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would now like to ask you some questions concerning your psychiatric status.

12. Think back over the past 30 days and report if you have...?

		Yes	No	Don't Know/ Refused

12a.	Had difficulty with a behavioral or mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12b.	Have you been hospitalized for a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12c.	Have you been taking prescription meds for a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12e. If <u>yes</u> , have you followed up with your doctor? a. Yes b. No c. Don't Know/Refused

This section asks just a few additional questions about your attitudes and experiences.

- 13 Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)
- ☐ More likely
☐ Less likely
☐ Would make no difference
☐ Don't know or can't say
14. DURING THE PAST 30 Days, have you driven a vehicle while you were under the influence of alcohol or drugs?
- ☐ Yes
☐ No
☐ Don't know or can't say

Thank you for taking the time to complete the follow up survey.