

Webster Place Resident - Follow-Up Survey

Please return to: Debbie Love, Community Health Institute, 501 South Street, Bow NH 03304

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer.

This voluntary survey asks about your opinions about and experiences at Webster Place. The information from this survey will be used to learn more about the effectiveness of Webster Place programs and services.

Your answers to these questions will be confidential. That means no one will connect your answers with your name or other identifying information. To help us keep your answers confidential, **please do not write your name on this survey form.**

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.

Please complete the following so that we are able to track responses over time while ensuring anonymity.

First Initial of your last name

The day of the month you were born
(if your birthday is on March 17th you would enter '17' in the boxes)

The last two digits of the year you were born
(if you were born in 1990, you would write in '90' in the boxes)

First Initial of your first name

Date survey completed

 / /

Month/Day/Year

Date of Arrival

 / /

Month/Day/Year

Date of Departure

 / /

Month/Day/Year

These first few questions ask for general information about you.

1. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. In what year were you born?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Are you Hispanic or Latino? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your race? (select one or more)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native
5. How long was your most recent stay at Webster Place?	<input type="checkbox"/> Less than 7 days <input type="checkbox"/> 7 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> Other: _____ days

	Daily	Weekly	Monthly	Every few months	Not at all
6. How often are you in contact with your sponsor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do you attend AA/NA or similar meetings in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you see a counselor, therapist, minister, mental health counselor or similar support professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often do you attend alumni events at Webster Place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often does your spouse or close family attend Al-Anon or similar group meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How often do you do 12 step work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If so, approximately how many hours per week do you typically work?</i>	_____ hours per week
13. Are you currently enrolled in educational or recreational programs? (e.g. college coursework, apprenticeships, professional development, hobbies)	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. To what extent do you agree or disagree with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
a. If I had a problem, there are people whom I could count on to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have been successful in my recovery goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family relationships have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel safe where I currently live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most of my friends do not use alcohol or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I participate in social opportunities in my community that do not involve alcohol or other drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I continue to work the 12 steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What was your <i>primary substance</i> of abuse before entering Webster Place? (Check One)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Inhalants <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other: _____
---	---

16. What was your <i>secondary substance</i> of abuse before entering Webster Place? (Check One)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Inhalants <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other: _____
---	---

17. How would you rate how well you are doing personally in the following areas: Webster Place Resident Follow-Up Survey	Excellent	Very good	Good	Fair	Poor	Don't know/ Not applicable
---	-----------	-----------	------	------	------	----------------------------

a. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work/Career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Housing stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emotional well being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In the past 6 months, have you used any illicit or mood or mind altering substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, on how many days did you use?</i>	____ day(s)
What was the longest number of consecutive days you used?	____ day(s)
What substance(s) did you use?	_____
19. In the past 6 months, have you misused your own or someone else's prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. How hopeful do you feel about your future?	<input type="checkbox"/> Very hopeful <input type="checkbox"/> Hopeful <input type="checkbox"/> A little hopeful <input type="checkbox"/> Not at all hopeful

21. Thinking back to your stay at Webster Place, what helped you most in your transition back to your home and community?

22. What can Webster Place do better to help residents make a successful transition to their home and community?

23. Is there anything else you'd like to share about your recovery?

Thank you for your time completing this survey. Your responses will help improve Webster Place. Please return to: Debbie Love, Community Health Institute, 501 South Street, Bow NH 03304