



California Access to Recovery Effort

(CARE) Revised June 2013

RECOVERY COACHING QUESTIONNAIRE (to document telephone recovery check-ins)

Client Name:	Date:
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Provider Name:	Recovery Coach Name:
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RECOVERY UPDATE

1. How have you been doing with your recovery?

Recovery sustained? Yes No (skip to Question 4)

2. What has helped you sustain your recovery?

3. Have there been specific things (stressors or triggers) that have been making it difficult to sustain your recovery? How have you been managing them? (Then skip to Question 9).

4. When did you relapse? Date: _____

5. What triggered the relapse?

Recovery Coaching Questionnaire

6. What has worked well for you in the past when you have relapsed? What might you do this time to get back into recovery?

7. Can I help you access any services or resources? (If so, document what action was taken)

8. Have you been going to self-help meetings?

Yes No (skip to question 11)

9. How often do you attend self-help meetings? Do you have a sponsor?

10. If you do not attend self-help meetings, do you have anyone in your life who you can talk to about your recovery? Have you been talking to this person(s) recently?

Recovery Coaching Questionnaire

11. How often lately have you done things with people who are sober or who don't have an alcohol or drug problem?

12. Have you been progressing toward your goals?

SUMMARY

13. Is there anything else that you can think of that would be helpful to your recovery process?

14. Our next phone call is scheduled to take place on: Is that a good time and day for you?

Date:

Time:

Comments: