RECOVERY NEEDS ASSESSMENT

PARTICIPANT INFORMATION
Name: _____ Date: _____
Age: _____ Gender: _____
Contact Information: _____
Emergency Contact: _____

1. SUBSTANCE USE HISTORY
Substances used (alcohol, drugs, prescription medication): _____
Duration of use: _____ Age of first use: _____
Last use date: _____
Previous treatment / recovery attempts: _____
Number of attempts: _____
Type of treatment (inpatient, outpatient, support groups): _____
Length of sobriety achieved in the past: _____
Triggers for substance use: Stress / Mental health / Environment
Other (please specify): _____
Current stage of recovery:
- Early recovery (0-3 months)
- Middle recovery (3-12 months)
- Long-term recovery (1+ years)

2. MENTAL HEALTH AND EMOTIONAL WELL-BEING
Mental health diagnosis: None / Depression / Anxiety / PTSD /
Bipolar Disorder / Other (please specify): _____
Current mental health treatment: None / Counseling / Medication /
Group therapy / Other (please specify): _____
Current emotional health: Satisfied / Struggling (explain): _____
History of trauma? Yes / No If yes, describe briefly: _____

3. PHYSICAL HEALTH
Current physical health condition: Good / Fair / Poor
Describe any specific health concerns: _____
Do you have access to healthcare? Yes / No
Are you taking any medications? Yes / No If yes, list: _____
Access to a primary care provider? Yes / No
Any chronic illnesses (diabetes, hypertension)? Yes / No
If yes, please specify: _____

4. SOCIAL AND FAMILY SUPPORT
Do you have a strong support network (family, friends)? Yes / No
Do you have regular contact with family or friends? Yes / No
If yes, describe frequency: _____
Are there strained relationships affecting your recovery? Yes / No
If yes, please explain: _____
Do you have access to recovery support groups (AA, NA)? Yes / No
If no, are you interested in joining one? Yes / No

5. HOUSING AND LIVING SITUATION
Current housing situation:
- Stable housing
- Transitional housing
- Homeless
- Staying with family / friends
- Other (please specify): _____
Do you feel safe in your current living situation? Yes / No
Do you need assistance finding stable housing? Yes / No

6. EMPLOYMENT AND FINANCIAL STABILITY
Current employment status: Employed / Unemployed / Looking for work / Student / Other (please specify): _____
Do you feel financially stable? Yes / No
Do you need assistance with job training or employment? Yes / No
Do you need assistance with financial literacy or budgeting? Yes / No

7. LEGAL ISSUES
Are you currently involved in any legal matters? Yes / No
If yes, briefly describe: _____
Do you need assistance with legal representation or advice? Yes / No

8. RECOVERY GOALS
What are your immediate goals for your recovery?
_____
What are your long-term goals for your recovery?
_____
What resources or support do you need to achieve these goals?
_____

SUMMARY OF NEEDS (staff use)
Housing Needs: _____
Healthcare Needs: _____
Employment Needs: _____
Legal Support: _____
Recovery Support: _____
Social Support: _____