

## Recovery Indicators Questionnaire

This questionnaire has been designed to help you focus upon your recovery from addiction. Take some time to read through each question and reflect on the right response for you.

### 1. Your history

In the space below, write down the name of the main substance (drugs or alcohol) that you have/have had problems with?

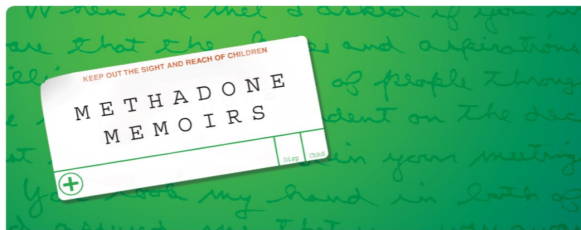
In the box below, tick the box that best describes the way that you use this substance:

Several times daily	<input type="checkbox"/>
Once daily	<input type="checkbox"/>
I use this substance every week, but I do not binge	<input type="checkbox"/>
I binge on this substance every week	<input type="checkbox"/>
I still use this substance from time to time	<input type="checkbox"/>
I have stopped completely, I have been abstinent for days	<input type="checkbox"/>
I have stopped completely, I have been abstinent for weeks	<input type="checkbox"/>
I have stopped completely, I have been abstinent for months	<input type="checkbox"/>
I have stopped completely, I have been abstinent for more than 1 year	<input type="checkbox"/>

Do you have problems with any other substances?      **YES**      **NO**      *(please circle)*  
 If you do, please write them down below:

If you answered yes to this question, please tick the box below that best describes your use of this substance.

Several times daily	<input type="checkbox"/>
Once daily	<input type="checkbox"/>
I use this substance every week, but I do not binge	<input type="checkbox"/>
I binge on this substance every week	<input type="checkbox"/>
I still use this substance from time to time	<input type="checkbox"/>
I have stopped completely, I have been abstinent for days	<input type="checkbox"/>
I have stopped completely, I have been abstinent for weeks	<input type="checkbox"/>
I have stopped completely, I have been abstinent for months	<input type="checkbox"/>
I have stopped completely, I have been abstinent for more than 1 year	<input type="checkbox"/>



## 2. Opioid Replacement Treatment (ORT)

ORT can be Methadone, Buprenorphine and Suboxone.

Are you on or have you been on ORT? **YES** **NO** (please circle)

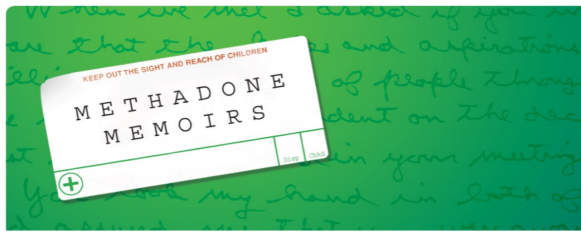
If you answered yes, please tick the box below that best describes your use of ORT right now:

I have started ORT and still use street heroin daily	
I have increased my dose of ORT and still use street heroin	
I am stable on ORT and use street heroin on top from time to time	
I am stable on ORT. I do not use street heroin on top	
I am stable on ORT. I do not use any other non-prescribed medications or substances on top	
I am considering/preparing for detox from ORT	
I have begun detox from ORT	
I have dropped below 30mls	
I have completed my detox	
I have been abstinent from ORT for more than 3 months	

## 3. Self-Care and Daily Living Skills

We would like to learn more about your daily routines and self-care. Please read through the list below and tick each example that applies to you. You can also provide some detail around what it is that you do, for example; I eat food daily – I prepare breakfast, lunch and dinner.

<i>Please add some detail here</i>		
I eat food daily		
I attend to my personal hygiene daily		
I have re-established sleep routines		
I complete daily household chores		
I budget my income and expenditure		
I cook my own food regularly		
I pay bills on time		
I attend appointments on time		
I keep myself safe from danger		
I take care of people I have responsibility for		



#### 4. Social Networks

Social networks can mean friends, family or people that support your recovery. Think about your social networks and read through the list in the box below. Tick each one that applies to you and add some more detail in the space provided.

Please add some detail here		
I have people to rely on		
I have created a new friendship circle since coming into recovery		
I have more than one friend who is abstinent		
I attend community based recovery groups		
I have a personal recovery support network		
I have a social life without using substances		
I am involved in mainstream community activity		
My relationships with my family have improved		
I am a positive role model for others in recovery		
I feel like I belong and am part of something bigger than myself.		

#### 5. Physical Wellbeing

Physical wellbeing relates to your ability to take care of your physical self by eating healthily, exercising and also being aware of your physical limitations.

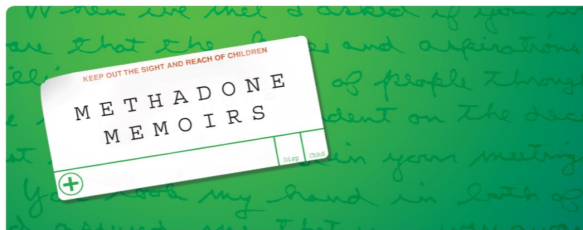
1. Do you have, or have you had, any physical health problems? **YES** **NO** (please circle)

If you have answered yes, please tick yes or no to the questions in the box below.

	YES	NO
My physical health has been assessed in the last year		
I am receiving treatment for physical conditions		
My physical health is improving		
I understand my physical health issues		

Do you take responsibility for your physical health? **YES** **NO** (please circle)

If you answered yes, please tell us more about how you take responsibility for your physical health in the space below:



## 6. Mental Health

Looking after your mental health is as important to your recovery as good physical health. Being mentally healthy is also about having the strength to overcome the difficulties and challenges that life can create – to have confidence and self-esteem, to be able to take decisions and to believe in yourself.

1. Have you ever experienced a mental health problem?      **YES**      **NO**      *(please circle)*

If you have answered yes, please tick yes or no to the questions in the box below.

	YES	NO
My mental health has been assessed in the last year		
I am receiving treatment for any psychiatric/psychological conditions		
My emotional wellbeing is improving		

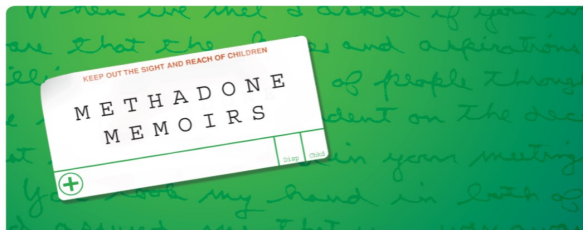
Do you take responsibility for your own mental health?      **YES**      **NO**      *(please circle)*

If you answered yes, please tell us more about how you take responsibility for your mental health in the space below:

## 7. Purpose and Meaning in Life

This question is about the bigger picture of your life. Read through the list below and tick each suggestion that applies to you. Please also add some detail in the space provided.

	<i>Please add some detail here</i>	
I have a reason to get out of bed every day		
I do things I enjoy everyday		
I am learning new things		
I actively contribute to society through working		
I actively contribute to society through volunteering		
I actively contribute to the wellbeing of my family and friends		
I feel that I am worthwhile human being		
I live life in accordance with my own beliefs and values		
I have dreams and goals that I am working towards		
I help others to realise their dreams and goals		



## 8. Recovery Impact

The term 'recovery impact' means that positive impact that a person's recovery can have on the people in their life and the environment in which they live.

1. Would you describe yourself as in recovery from addiction?      **YES**      **NO**      *(please circle)*

If you have answered yes, please read through the list below and tick each one that applies to you. Please also record an example for each suggestion that you tick.

<i>Please add some detail here</i>		
My recovery from addiction has improved my life		
My children or dependants lives have been improved through my recovery		
My partner or friends and neighbours feel they can rely on me for support		
My community benefits from my recovery		
I contribute to regional and national recovery initiatives		

Thank you for completing this questionnaire.