

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOLLMAN AGENCY  
EXIT INTERVIEW**

**SOBRIETY DATE** \_\_\_\_\_

1. Were you able to abstain from alcohol and other drug use for the duration of your treatment program?      YES      NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Did you experience any difficulties abstaining?      YES      NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Please rate your motivation level to abstain after discharge.      MILD      MODERATE      HIGH

4. Do you believe you are an alcoholic or chemically dependent?      YES      NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_

5. What is your future plans regarding alcohol or other drug use?

ABSTAIN      CONTINUE TO USE

Please explain: \_\_\_\_\_

6. Identify 3 signs/symptoms of alcohol or chemical dependence:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

6. Identify 3 signs of relapse:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

7. Do you plan to attend self-help/support group meetings?      YES      NO      UNSURE

8. What relapse prevention skills have you learned?

- Recognizing personal triggers
- Coping Skills
- Drink Refusal Skills
- Self Rewards
- Other

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9. What are your goals for the future? \_\_\_\_\_

If you continue to use alcohol or drugs, will you be able to fulfill those goals? Please explain \_\_\_\_\_

10. At what stage of change do you believe you are in currently?

PRE-CONTEMPLATIVE    CONTEMPLATIVE    PREPARATION    ACTION    MAINTAINANCE

11. Identify areas of your life that have improved since you began treatment

- Overall Health
- Finances
- Memory
- Relationships
- Work Performance
- Happiness
- Future Outlook
- Blood Pressure
- Other (explain) \_\_\_\_\_

12. Do you currently have any symptoms of withdrawal?      YES      NO

Please explain: \_\_\_\_\_

13. Do you now have any medical or dental issues that need to be addressed?    YES    NO

Please explain: \_\_\_\_\_

14. Do you currently have any emotional/mental health/behavioral/cognitive issues that need to be addressed?      YES      NO

Please explain: \_\_\_\_\_

15. Is your current living situation and social system supportive of your recovery?    YES    NO

Please explain: \_\_\_\_\_