

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: _____