

Hope Recovery Network: Peer Recovery Support



PARTICIPANT SUPPORT EXIT SURVEY

PARTICIPANT NAME:	: DATE:			E:
SUPPORTER NAME:_	HOW LONG IN PEER SUPPORT?			
	RATE N	MY OVERALL	EXPERIENCE	
A) I strongly agree	•	•		ed Peer Support.
		-		which helped me recover.
	=			e other support options for.
If my recovery relapses, I know I can:				
I got what I wanted fro	om my level of pa	_	engagement in p	
A) I strongly agree I wanted to set goals a A) I strongly agree	and actively worl	c towards perso	onal growth while	in peer support.
		=	=	amwork in peer support.
The thing I enjoyed most was:				
	RATE	MY PEER S	<u>UPPORTER</u>	
My Supporter helped (A) I strongly agree				really needed it. E)
				ed me get what I needed.
				d proactive healthy habits.
My Supporter was good at:				
If more funds were ave			NETWORK AGEN Upport at Hope Re	I <u>CY</u> ecovery Network (HRN).
HRN succeeded in the A) I strongly agree		•		support to help me thrive.
	_		_	nich helped me trust them.
FINAL COMMENTS:				