



Hope Recovery Network Peer Recovery Support

PARTICIPANT RECOVERY PROGRESS SURVEY



Peer Support is designed to have a beginning, followed by teamwork and progress towards a best possible end. This survey seeks to evaluate the progress, team effectiveness, and future potential of an individual recovery path. Results will be discussed to guide resources available for progress and efficiently budgeted for maintaining support.

PARTICIPANT NAME: _____ **DATE:** _____
Circle your answer best answer, or write one in. Your answers will make peer support more effective for all.

1. **My recovery is stable and has been for at least 3 months.**
 a) I agree b) Neutral c) I disagree d) My opinion changes e) _____

2. **I have resources and abilities to meet my daily needs (food, shelter, clothing, etc) without peer support.**
 a) I agree b) Neutral c) I disagree d) My opinion changes e) _____

3. **I meet with medical and licensed professionals regularly that can evaluate if my recovery relapses.**
 a) I agree b) Neutral c) I disagree d) My opinion changes e) _____
 (If so, which do you have? _____)
 (Are you happy with them? _____ Do you need help finding any? _____)

4. **Not including my Peer Supporter, I have people in my life that can and do so support me.**
 a) Yes, I have a fair amount people—at least two are close and able to support me consistently.
 b) I don't have many in total—but I have a few reliable people that support me consistently.
 c) No, I don't have people with resources that can help, so my Peer Supporter is a key support person.
 d) Or: _____

5. **I have ongoing activities outside of Peer Support I do to stay socially engaged with other people.**
 a) Yes, I have 2+ weekly social activities I enjoy and look forward to.
 b) Yes, while I don't have many, I am comfortable with the amount.
 c) I don't enjoy socializing in groups, but I have other ways to stay well.
 d) No, I don't have enough opportunities to socialize and I would like more.

6. **If I continue Peer Support in the same way (frequency, type of activities, ect.) I think it would:**
 a) Help me improve *consistently* b) Help me improve *occasionally* c) Not improve my circumstances
 d) Or: _____

7. **I have worked on personal growth goals effectively with my Peer Supporter in the past.**
 a) Agree b) Disagree c) I was not asked. d) I was asked but didn't want to. e) _____

8. **I currently have healthy habits and I am practicing wellness in my daily life.**
 a) I agree b) I disagree c) That's not my priority d) I would like more e) _____

9. **I enjoy working on myself, growing as a person, and gaining independence with my Peer Supporter.**
 a) I agree b) I disagree c) I prefer social activities over personal growth, but I'll try.
 d) I only want social activity and help with daily living tasks (*transport to appointments, shopping, etc*)

10. **There are specific goals I want to set and create a team plan to work on with my Peer Supporter.**
 a) No, I am happy maintaining how I am right now.
 b) I am not confident setting goals, but I would like help setting achievable goals.
 c) I have trouble completing and maintaining goals with healthy habits, so I avoid trying.
 d) Yes (*If so, what is one?* _____ *Ready to plan and work toward this?* _____)

Participant Progress Survey Results: OPTIONS AVAILABLE

1) **MAKING PROGRESS:** We have an engaged team that is On-Board and making measurable progress with plenty of future recovery potential—or areas that can be developed *with* a commitment to action. ***We can continue to make progress with the same amount of resources.**



2) **MAINTAINING:** We are steady-but progress is not being made. Based on the unique circumstances, desires, abilities, and limitations, our team will choose a path to match the sustainable resources available for 'maintaining.' ***Re-evaluate in 3 months based on my recovery stability and available resources.**

PATH A: Re-Focus on Personal Goals & Independence. (Same Time, Re-Focused on Progress)*

Get On-Board to develop healthy wellness habits; skill-building toward more Independence **OR** any measurable progress that will proactively improve versus reactively maintain my current circumstances. The **priority of our time** will be committed to positive goals (*doing something versus stopping something*). We will identify specific areas to progress in, set achievable goals, and follow through with an action plan.



(Examples: Learn a trade; go back to school or self directed study; train physically for more mobility; work on social skills as a community leader, practice technology skills, learn to garden and cook healthy meals —Anything that builds confidence, abilities, healthy habits and improves circumstances & well-being).

PATH B: Scale Back & More Efficient Support. (Same Focus, Less Time)*

Doesn't want to re-focus on making progress—content with personal growth; at the best level of independence; **OR** makes progress in other ways outside peer support. Wants the same type of support and activities that 'maintain' circumstances, so the team will be more efficient (*including bundling social actives/outings with other participants, using other transportation, meeting/checking-in less frequently, etc*).




3) **EXITING SUPPORT: (Ending Direct Service, Immediately or In Stages)**

ON RESERVE: Stable after making progress, or after 2+ yrs of support. We'll have a 'bon-voyage' session, with the option to call my Supporter for emergencies and monthly updates on how its going. **Re-evaluate in 3 months for either a 'Full Exit,' or continue one additional 3 months on-reserve.**

FULL EXIT: Have reached a stable recovery. It's time to end professional support to let others make progress by driving solo! *If relapses, can rejoin after another referral with a different Peer Supporter.*



OR ON-THE-BENCH: Time for a helpful break to re-evaluate recovery and independence goals.

 **If chooses to get 'On-Board'** to make progress **and** resources are available, can restart support. *Any Peer Supporter assigned or re-assigned will be based on the individual situation.*

After discussing my survey results and available resources, **our team plan is:**

Next Progress Check: (A) 1 Month (B) 3 Months (C) 6 Months (D) Annual Review (E) Full Exit

My signature means that I understand this document and the content, even if I do not agree with the decision.

If I do not agree with the decision, I am aware that I can file a **grievance and ask for re-consideration.**

PARTICIPANT SIGNATURE: _____ DATE: _____

SUPPORTER SIGNATURE: _____ DATE: _____

SUPERVISOR REVIEW DATE: _____