4. Since leaving treatment, your school attendance has...
   □ improved  □ stayed the same □ gotten worse

5. Since leaving treatment, what best describes your employment status? (mark only one)
   □ Full-time work (working 35 hours or more a week) → (answer b)
   □ Part-time work (working 11-34 hours a week) → (answer b)
   □ Part-time work (working less than 10 hours a week) → (answer b)
   □ Unemployed (seeking work or on layoff from a job)
   □ Not in labor force (not seeking work)
   b. If employed, are you also enrolled in an educational program?
      □ Yes □ No

6. Since leaving treatment, how often have you participated in...
   a. extracurricular activities?
      □ Never □ A few times □ More than a few times
   b. recovery support or mutual aid groups?
      □ Never □ A few times □ More than a few times

7. Since leaving treatment how often have your problems interfered with work, school, or other daily activities?
   □ Never □ A few times □ More than a few times

8. Since leaving treatment, how would you describe your mental health symptoms?
   □ Extremely severe □ Severe □ Moderate □ Mild □ Not present

9. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?
   □ No prescription □ All or most of the time □ Sometimes □ Rarely or never

10. Since leaving treatment, where have you lived most of the time?
    □ In a family setting (private or foster home) □ Residential program (group home, PRTF)
        □ Institutional setting (hospital or detention center/jail) □ Homeless □ Temporary housing

11. Since leaving treatment, which of the following substances have you used?
    a. extracurricular activities?
       □ Never □ A few times □ More than a few times
    b. recovery support or mutual aid groups?
       □ Never □ A few times □ More than a few times

7. Since leaving treatment how often have your problems interfered with work, school, or other daily activities?
   □ Never □ A few times □ More than a few times

8. Since leaving treatment, how would you describe your mental health symptoms?
   □ Extremely severe □ Severe □ Moderate □ Mild □ Not present

9. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?
   □ No prescription □ All or most of the time □ Sometimes □ Rarely or never

10. Since leaving treatment, where have you lived most of the time?
    □ In a family setting (private or foster home) □ Residential program (group home, PRTF)
        □ Institutional setting (hospital or detention center/jail) □ Homeless □ Temporary housing

11. Since leaving treatment, which of the following substances have you used?
12. Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)

13. Since leaving treatment, have you had a Court Counselor or have you been under the supervision of the justice system (adult or juvenile)?

- Yes  
- No

14. Since leaving treatment, how well have you been doing in the following areas of your life?

<table>
<thead>
<tr>
<th>Area</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with family or friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living/Housing situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Since leaving treatment, have you...

- had contacts with an emergency crisis provider?
  - Yes  
  - No
- had visits to a hospital emergency room?
  - Yes  
  - No
- spent nights in a medical/surgical hospital?
  - Yes  
  - No
- spent nights in a psychiatric inpatient hospital?
  - Yes  
  - No
- spent nights homeless? (sheltered or unsheltered)
  - Yes  
  - No
- spent nights in detention, jail, or prison?
  - Yes  
  - No

16. What help in any of the following areas is now important to you? (mark all that apply)

- Educational improvement
- Finding or keeping a job
- Housing (basic shelter or rent subsidy)
- Transportation
- Food supply
- Child care
- Medical care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

17. Comments/Notes:

Enter data into web-based system:


Do not mail this form