

Sample Self-Assessment for Progress in Treatment

When you have been stable in your recovery for a while, you may feel ready to decrease the number of visits you make to a clinic or you may want to begin to taper off medication. Your life becomes more about just living life, and less about treatment for your addiction.

But what does “stability” mean? We want you to succeed in your recovery. Read the checklist below. **This not a test! We don’t expect anyone to be perfect or have all the “right” answers!** This is a guide to help you figure out if you are ready to make changes in your treatment plan.

Can you answer “yes” to most of these questions?

- Do I demonstrate a positive attitude towards treatment? Yes____ No____
 - These qualities demonstrate a positive attitude:
 1. I come to group on time.
 2. I call if I’m going to be late or miss an appointment.
 3. I participate in group and support others in their recovery.
 4. If I disagree with something about the treatment program, I do my best to discuss it calmly with my providers.
 5. I treat staff and other patients with respect.
 6. I am honest about the problems I’m facing.
 7. I accept referrals to a higher level of care when it’s recommended.
 8. I follow the guidelines of the buprenorphine contract.

- Do I always respond to phone calls? Yes____ No____

- Do I have stable housing? Yes____ No____

- Do I have a reliable source of income? Yes____ No____

- Do I have reliable transportation? Yes____ No____

- Do I have at least five people I can call if I need help in an emergency situation?
Yes____ No____

- Do I attend NA meetings or other support groups? Yes_____ No_____
- Do I have a sponsor or recovery coach? Yes_____ No_____
- Do I have a supportive family or partner? Yes_____ No_____
- If I have depression, anxiety or other mental health issues, am I getting treatment for these problems?
Yes_____ No_____

Can you answer “No” to most of these questions?

- Am I smoking marijuana? Yes_____ No_____
- Am I on probation? Yes_____ No_____
- Do I have any unresolved legal problems? Yes_____ No_____
- Is DCF/DCYF involved with any of my children? Yes_____ No_____
- Is there violence in my home? Yes_____ No_____
- Do I have untreated physical health problems, such as Hep C, dental problems, or other issues? Yes_____ No_____

Decisions about frequency of visits are made on an individual basis. If you have any questions or concerns about your treatment plan, please discuss them with the treatment team at any time.