

## Contacts and Risky Locations

Participant Information		
Sub ID:		
Today's Date:	Mobile Number:	Interview Type: <input type="checkbox"/> Intake <input type="checkbox"/> Follow-up 1 <input type="checkbox"/> Follow-up 2
Home address:		
City:	State:	ZIP Code:
Employer		
Employer #1 (Insert N/A if Unemployed):		
Employer address:		Phone:
City and State:	Zip Code:	Typical Work Days and Hours:
Employer #2:		
Employer address:		Phone:
City and State:	Zip Code:	Typical Work Days and Hours:
School		
School (Insert N/A if Not in School):		
School address:		Phone:
City and State:	Zip Code:	Typical School Days and Hours:
Treatment Providers		
Treatment Provider #1 (Insert N/A if not in Treatment):		
Treatment Provider address:		Phone:
City and State:	Zip Code:	Typical Session Day and Time:
Treatment Provider #2:		
Treatment Provider address:		Phone:
City and State:	Zip Code:	Typical Session Day and Time:

## AA/NA Centers

AA/NA Center Name #1 (Insert N/A if does not attend AA/NA):

AA/NA address:

Phone:

City:

State:

ZIP Code:

Typical Meeting Day(s):

Typical Meeting Time(s):

AA/NA Center Name #2:

AA/NA address:

Phone:

City:

State:

ZIP Code:

Typical Meeting Day(s):

Typical Meeting Time(s):

AA/NA Center Name #3:

AA/NA address:

Phone:

City:

State:

ZIP Code:

Typical Meeting Day(s):

Typical Meeting Time(s):

Household Members			
<b>List who participant lives with and whether they are supportive, unsupportive, or neutral of participant's recovery efforts. If additional space is needed add cells to form to document additional household members.</b>			
Participant Lives <input type="checkbox"/> alone <input type="checkbox"/> with someone			
Lives with (Insert Number for All that Apply):			
Spouse/Significant Other:	Child/Children:	Brother(s):	Sister(s):   Aunt(s):   Uncle(s):
Friend(s):	Mother:	Father:	Other(s):
Phone # of Household Member 1:		Relationship:	
Level of Support of Household Member 1:		Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>
Phone # of Household Member 2:		Relationship:	
Level of Support of Household Member 2:		Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>
Phone # of Household Member 3:		Relationship:	
Level of Support of Household Member 3:		Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>
Phone # of Household Member 4:		Relationship:	
Level of Support of Household Member 4:		Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>
Phone # of Household Member 5:		Relationship:	
Level of Support of Household Member 5:		Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>
Spouse/Significant Other			
Does participant have a spouse/significant other?   Yes <input type="checkbox"/> No <input type="checkbox"/>			
Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown <input type="checkbox"/>			
Current address:			
City:		State:	ZIP Code:
Phone #1:	Phone #2:		
Addiction Support: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>			
Mother			
Mother:   Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown <input type="checkbox"/>			
Current address:			
City:		State:	ZIP Code:
Phone #1:	Phone #2:		
Addiction Support: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>			
Father			
Father:   Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown <input type="checkbox"/>			
Current address:			
City:		State:	ZIP Code:
Phone #1:	Phone #2:		

Addiction Support: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
<b>Siblings</b>		
<b>List the number of siblings participant has and whether they are supportive, unsupportive, or neutral of participant's recovery efforts. If additional space is needed add cells to form to document additional siblings.</b>		
Does participant have siblings? Yes <input type="checkbox"/> N/A <input type="checkbox"/>		
Number of Brothers:		
Number of Brothers Living:	Number of Brothers Deceased:	Number Unknown:
Number of Sisters:		
Number of Sisters Living:	Number of Sisters Deceased:	Number Unknown:
Address and Phone # of Sibling 1:		Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/>
Level of Support of Sibling 1:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Address and Phone # of Sibling 2:		Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/>
Level of Support of Sibling 2:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Address and Phone # of Sibling 3:		Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/>
Level of Support of Sibling Number 3:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Address and Phone # of Sibling 4:		Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/>
Level of Support of Sibling 4:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
<b>Children</b>		
<b>List the number of children participant has and whether they are supportive, unsupportive, or neutral of participant's recovery efforts. Include all children (adopted, biological, and step-children) when you complete this section. If additional space is needed add cells to form to document additional children.</b>		
Does participant have children? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of Children Living:	Number of Children Deceased:	Number Unknown:
Child 1: Son <input type="checkbox"/> Daughter <input type="checkbox"/>		
Child 1 Age:		
Address and Phone # of Child 1:		
Level of Support of Child 1:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Child 2: Son <input type="checkbox"/> Daughter <input type="checkbox"/>		
Child 2 Age:		
Address and Phone # of Child 2:		
Level of Support of Child 2:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Child 3: Son <input type="checkbox"/> Daughter <input type="checkbox"/>		
Child 3 Age:		
Address and Phone # of Child 3:		
Level of Support of Child 3:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	
Child 4: Son <input type="checkbox"/> Daughter <input type="checkbox"/>		
Child 4 Age:		
Address and Phone # of Child 4:		
Level of Support of Child 4:	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>	

Family Members-Monthly Contact		
List each family member participant communicates with monthly and the level of support they give participant with their recovery goals. Include all forms of communication (in-person, phone, text, social media, etc....) Include the phone number and address of family member. If additional space is needed add cells to form to document additional family members.		
Family Member 1- Relationship:		
Level of Support of Family Member 1: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 1:		
Family Member 2-Relationship:		
Level of Support of Family Member 2: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 2:		
Family Member 3-Relationship:		
Level of Support of Family Member 3: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 3:		
Family Member 4-Relationship:		
Level of Support of Family Member 4: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 4:		
Family Member 5-Relationship:		
Level of Support of Family Member 5: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 5:		
Family Member 6-Relationship:		
Level of Support of Family Member 6: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 6:		
Family Member 7-Relationship:		
Level of Support of Family Member 7: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 7:		
Family Member 8-Relationship:		
Level of Support of Family Member 8: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 8:		
Family Member 9-Relationship:		
Level of Support of Family Member 9: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 9:		
Family Member 10-Relationship:		
Level of Support of Family Member 10: Supportive <input type="checkbox"/>	Unsupportive <input type="checkbox"/>	Neutral <input type="checkbox"/>
Address and Phone # of Family Member 10:		

Friends-Monthly Contact		
<b>List each friend participant communicates with monthly and the level of support they give participant with their recovery goals. Include all forms of communication (in-person, phone, text, social media, etc....) Include the phone number and address of friend. If additional space is needed add cells to form to document additional friends.</b>		
Friend 1		
Level of Support of Friend 1: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 1:		
Friend 2		
Level of Support of Friend 2: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 2:		
Friend 3		
Level of Support of Friend 3: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 3:		
Friend 4		
Level of Support of Friend 4: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 4:		
Friend 5		
Level of Support of Friend 5: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 5:		
Friend 6		
Level of Support of Friend Member 6: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Friend 6:		

Other Individuals-Monthly Contact		
<b>List each "other individual" participant communicates with monthly (ex: AA sponsor, co-worker, etc....). Indicate the level of support they give participant with their recovery goals. Include all forms of communication (in-person, phone, text, social media, etc....) Include the phone number and address of individual. If additional space is needed add cells to form to document additional people.</b>		
Other Individual 1-Relationship:		
Level of Support of Other Individual 1: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Other 1:		
Other Individual 2-Relationship:		
Level of Support of Other Individual 2: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Other Individual 2:		
Other Individual 3-Relationship:		
Level of Support of Other Individual 3: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Other Individual 3:		
Other Individual 4-Relationship:		
Level of Support of Other Individual 4: Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Neutral <input type="checkbox"/>		
Address and Phone # of Other Individual 4:		

Risky Locations
Identify with participant places they consider to put them at risk for relapse (ex: favorite bar, park, friend's home, etc.). List each place below. If additional space is needed add cells to form to document additional risky locations. List phone number if applicable.
Risky Location 1:
Address and Phone #:
Risky Location 2:
Address and Phone #:
Risky Location 3:
Address and Phone #:
Risky Location 4:
Address and Phone #:
Risky Location 5:
Address and Phone #: