Contacts and Risky Locations

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| Participant Information | | | |
| Sub ID: | | | |
| Today’s Date: | | Mobile Number: | Interview Type:  Intake  Follow-up 1  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): | |  |

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| Household Members | | | | |
| **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.** | | | | |
| Participant Lives  alone  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  Unsupportive  Neutral | | | | |
| Phone # of Household Member 2: Relationship: | | | | |
| Level of Support of Household Member 2: Supportive  Unsupportive  Neutral | | | | |
| Phone # of Household Member 3: Relationship: | | | | |
| Level of Support of Household Member 3: Supportive  Unsupportive  Neutral | | | | |
| Phone # of Household Member 4: Relationship: | | | | |
| Level of Support of Household Member 4: Supportive  Unsupportive  Neutral | | | | |
| Phone # of Household Member 5: Relationship: | | | | |
| Level of Support of Household Member 5: Supportive  Unsupportive  Neutral | | | | |
| Spouse/Significant Other | | | | |
| Does participant have a spouse/significant other? Yes  No | | | | |
| Living  Deceased  Unknown | | | | |
| Current address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone #1: | Phone #2: | | |  |
| Addiction Support:  Supportive  Unsupportive  Neutral |  | | |  |
| Mother | | | | |
| Mother: Living  Deceased  Unknown | | | | |
| Current address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone #1: | Phone #2: | | |  |
| Addiction Support:  Supportive  Unsupportive  Neutral |  | | |  |
| Father | | | | |
| Father: Living  Deceased  Unknown | | | | |
| Current address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone #1: | Phone #2: | | |  |
| Addiction Support:  Supportive  Unsupportive  Neutral |  | | |  |
| Siblings | | | | |
| **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.** | | | | |
| Does participant have siblings? Yes  N/A | | | | |
| 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  Sister | | | | |
| Level of Support of Sibling 1: Supportive  Unsupportive  Neutral | | | | |
| Address and Phone # of Sibling 2: Relationship: Brother  Sister | | | | |
| Level of Support of Sibling 2: Supportive  Unsupportive  Neutral | | | | |
| Address and Phone # of Sibling 3: Relationship: Brother  Sister | | | | |
| Level of Support of Sibling Number 3: Supportive  Unsupportive  Neutral | | | | |
| Address and Phone # of Sibling 4: Relationship: Brother  Sister | | | | |
| Level of Support of Sibling 4: Supportive  Unsupportive  Neutral | | | | |
| Children | | | | |
| **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.** | | | | |
| Does participant have children? Yes  No | | | | |
| Number of Children Living: Number of Children Deceased: Number Unknown: | | | | |
| Child 1: Son  Daughter | | | | |
| Child 1 Age: | | | | |
| Address and Phone # of Child 1: | | | | |
| Level of Support of Child 1: Supportive  Unsupportive  Neutral | | | | |
| Child 2: Son  Daughter | | | | |
| Child 2 Age: | | | | |
| Address and Phone # of Child 2: | | | | |
| Level of Support of Child 2: Supportive  Unsupportive  Neutral | | | | |
| Child 3: Son  Daughter | | | | |
| Child 3 Age: | | | | |
| Address and Phone # of Child 3: | | | | |
| Level of Support of Child 3: Supportive  Unsupportive  Neutral | | | | |
| Child 4: Son  Daughter | | | | |
| Child 4 Age: | | | | |
| Address and Phone #of Child 4: | | | | |
| Level of Support of Child 4: Supportive  Unsupportive  Neutral | | | | |

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| 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  Unsupportive  Neutral |
| Address and Phone # of Family Member 1: |
| Family Member 2-Relationship: |
| Level of Support of Family Member 2: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 2: |
| Family Member 3-Relationship: |
| Level of Support of Family Member 3: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 3: |
| Family Member 4-Relationship: |
| Level of Support of Family Member 4: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 4: |
| Family Member 5-Relationship: |
| Level of Support of Family Member 5: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 5: |
| Family Member 6-Relationship: |
| Level of Support of Family Member 6: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 6: |
| Family Member 7-Relationship: |
| Level of Support of Family Member 7: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 7: |
| Family Member 8-Relationship: |
| Level of Support of Family Member 8: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 8: |
| Family Member 9-Relationship: |
| Level of Support of Family Member 9: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 9: |
| Family Member 10-Relationship: |
| Level of Support of Family Member 10: Supportive  Unsupportive  Neutral |
| Address and Phone # of Family Member 10: |

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| Friends-Monthly Contact |
| **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.** |
| Friend 1 |
| Level of Support of Friend 1: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 1: |
| Friend 2 |
| Level of Support of Friend 2: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 2: |
| Friend 3 |
| Level of Support of Friend 3: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 3: |
| Friend 4 |
| Level of Support of Friend 4: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 4: |
| Friend 5 |
| Level of Support of Friend 5: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 5: |
| Friend 6 |
| Level of Support of Friend Member 6: Supportive  Unsupportive  Neutral |
| Address and Phone # of Friend 6: |

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| Other Individuals-Monthly Contact |
| **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.** |
| Other Individual 1-Relationship: |
| Level of Support of Other Individual 1: Supportive  Unsupportive  Neutral |
| Address and Phone # of Other 1: |
| Other Individual 2-Relationship: |
| Level of Support of Other Individual 2: Supportive  Unsupportive  Neutral |
| Address and Phone # of Other Individual 2: |
| Other Individual 3-Relationship: |
| Level of Support of Other Individual 3: Supportive  Unsupportive  Neutral |
| Address and Phone # of Other Individual 3: |
| Other Individual 4-Relationship: |
| Level of Support of Other Individual 4: Supportive  Unsupportive  Neutral |
| Address and Phone # of Other Individual 4: |

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| 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 #: |