

# Substance Abuse Recovery Shelter Exit Survey

## Basic Information

Name

Date of Exit

Age

## Program Experience

How long did you stay at the shelter?

How helpful was the shelter in your recovery?

What services did you use? (Select all that apply)

☐

Counseling

☐

Group Therapy

☐

Medical Support

☐

Employment Support

☐

Other

Other services used

## Outcomes

How confident are you in maintaining recovery after leaving?

Do you have stable housing after leaving?

☐

Yes

☐

No

## Feedback

What did you like most about the shelter?

What could be improved?

Additional Comments