



**CROSSROADS AFTERCARE AND RECOVERY EVALUATION  
C.A.R.E. QUESTIONNAIRE**

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Other name: \_\_\_\_\_ Date: \_\_\_\_\_

**Drug/Alcohol Use:**

Have you/the client used drugs or alcohol since discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you/the client using drugs or alcohol currently? Yes \_\_\_\_\_ No \_\_\_\_\_

Which drugs?

Alcohol Yes \_\_\_\_\_ No \_\_\_\_\_

Marijuana Yes \_\_\_\_\_ No \_\_\_\_\_

Cocaine Yes \_\_\_\_\_ No \_\_\_\_\_

Benzodiazepines Yes \_\_\_\_\_ No \_\_\_\_\_

Methamphetamine Yes \_\_\_\_\_ No \_\_\_\_\_

Opioids Yes \_\_\_\_\_ No \_\_\_\_\_

For Aftercare, you/the client did?

Residential Care Yes \_\_\_\_\_ No \_\_\_\_\_

Halfway house Yes \_\_\_\_\_ No \_\_\_\_\_

Intensive outpatient Yes \_\_\_\_\_ No \_\_\_\_\_

12 Step group Yes \_\_\_\_\_ No \_\_\_\_\_

Psychiatrist Yes \_\_\_\_\_ No \_\_\_\_\_

Individual counselling

(therapist) Yes \_\_\_\_\_ No \_\_\_\_\_

Group counselling Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Issues:**

Are you/the client taking medication for a medical problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you/the client taking medication for a psychological problem? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you/the client rate your/the client's medical condition?

1 2 3 4 5  
bad good

**Legal Issues:**

Are you/the client having legal problems since leaving Crossroads? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you/the client's current legal problems since leaving crossroads include?

Driving while drunk Yes \_\_\_\_\_ No \_\_\_\_\_

Drug possession Yes \_\_\_\_\_ No \_\_\_\_\_

Drug dealing/trafficking Yes \_\_\_\_\_ No \_\_\_\_\_

Violence Yes \_\_\_\_\_ No \_\_\_\_\_

Separation/divorce Yes \_\_\_\_\_ No \_\_\_\_\_



