

PEER TO PEER SUPPORT PROGRAM SURVEY

*In order for us to gather information to best facilitate our new Peer Support Program, please complete the following.
All information is confidential and will be used internally to make our program the best it can be.*

FULL NAME: _____ TODAY'S DATE: _____

PREFERRED PRONOUN: _____ (SHE/HER, HE/HIM, THEY/THEM, ETC)

PHONE NUMBER: _____ AGE: _____

EMAIL : _____ DO YOU HAVE PRIVATE INSURANCE? (Y/N): _____

I AM INTERESTED IN THE FOLLOWING SKILL-BUILDING TOPICS:

- | | | | |
|-------------------------|--------------------------|------------------------|--------------------------|
| Conflict Resolution | <input type="checkbox"/> | Time Management | <input type="checkbox"/> |
| Active Listening | <input type="checkbox"/> | Problem Solving | <input type="checkbox"/> |
| Effective Communication | <input type="checkbox"/> | Life Skills | <input type="checkbox"/> |
| Rebuilding in Recovery | <input type="checkbox"/> | Advocating for Oneself | <input type="checkbox"/> |
| Self-Care | <input type="checkbox"/> | Self Esteem | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Codependency | <input type="checkbox"/> |

OTHER TOPICS I WOULD LIKE TO TALK ABOUT OR LEARN ABOUT:

Preferred Group Meeting Day (Check one):

- Monday Tuesday Wednesday Thursdays

Preferred Group Meeting Time (Check one):

- Daytime Evenings Either Work For Me

I am interested in Peer Support Groups and would like to be put on the list to be called:

Yes

No