



## INDUCTION SURVEY

STRICTLY PRIVATE & CONFIDENTIAL

PLEASE FILL OUT THE FOLLOWING SURVEY AS BEST YOU CAN. **THE INFORMATION COLLECTED HERE IS ANONYMOUS** AND WILL HAVE NO BEARING ON YOUR EXPERIENCE AND TIME AT THE COMPASS PROJECT. HOWEVER IT IS IMPORTANT THAT YOU ANSWER AS THOROUGHLY AND HONESTLY AS POSSIBLE. THE INFORMATION GATHERED IN THIS FORM HELPS THIS ORGANISATION BETTER UNDERSTAND THE HISTORY AND BARRIERS OF OUR MEMBERS AND SERVES AS A TOOL FOR US TO CONTINUE ADAPTING OUR SERVICES TO BETTER SUPPORT OUR COMMUNITY.

<b>GENDER:</b>	M	F	<b>AGE:</b>	18 to 25	26 to 35	35 to 45	45 to 55	OVER 55	<b>DATE:</b>	
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OFFICE USE ONLY:

### ADDICTION & RECOVERY HISTORY

<b>FOR HOW MANY YEARS WERE YOU AN ACTIVE ADDICT?</b>					
<b>WHICH DRUG DO YOU CONSIDER TO BE YOUR MAIN ADDICTION?</b>	CRACK & HEROIN	ALCOHOL	PARTY DRUGS (COCAINE, KETAMINE, ECSTACY)	BEZOS/SPEED	OTHER: _____
<b>HOW MANY TIMES HAVE YOU TRIED TO STOP BEFORE?</b>	NONE	1 TO 3	4 TO 6	MORE THAN 6 TIMES	
<b>WHAT METHODS HAVE YOU TRIED IN THE PAST? (CIRCLE ALL THAT APPLY)</b>	RESIDENTIAL TREATMENT	DETOX UNIT/MAINTENANCE SCRIPT	FELLOWSHIP (AA,NA,CA)	COLD TURKEY	OTHER: _____
<b>WHAT DO YOU BELIEVE TO BE THE CAUSE OF YOUR RELAPSE(S)?</b>	BOREDOM	LACK STRUCTURE	NOT FOLLOW PROGRAM	RESENTMENTS	OTHER: _____
<b>TODAY ARE YOU ABSTINENT?</b>	YES	NO	<b>IF YES, FOR HOW LONG HAVE YOU BEEN ABSTINENT?</b>		
<b>IF NO, ARE YOU ON A SCRIPT?</b>	YES	NO	<b>DO YOU PLAN TO BECOME ABSTINENT?</b>	YES	NO
<b>IF YOU ARE STILL USING HOW OFTEN AND WHAT?</b>					
<b>DO YOU CONSIDER YOURSELF TO BE IN RECOVERY?</b>	YES	NO			
<b>IF YES, WHAT DO YOU CONSIDER HELPS YOU MOST IN YOUR RECOVERY?</b>	FELLOWSHIP (THE 12 STEPS)	CBT (COGNITIVE BEHAVIOURAL THERAPY)	RELIGION	OTHER: _____	

WORK & EDUCATION HISTORY						
HAVE YOU BEEN EMPLOYED IN THE PAST (IF NO SKIP TO QUESTION X)?	YES	NO	IF YES, FOR HOW MANY YEARS WERE YOU IN EMPLOYMENT?			
HOW LONG AGO DID YOU LAST WORK?	WITHIN THE LAST YEAR	1 TO 2 YEARS AGO	3 TO 6 YEARS AGO	MORE THAN 6 YEARS AGO		
WHAT WAS/IS YOUR MAIN OCCUPATION?						
WHAT LEVEL OF EDUCATION DID YOU COMPLETE?	NONE	PRIMARY	SECONDARY	COLLEGE	BACHALORS OR HIGHER	
ARE YOU LITERATE IN THE FOLLOWING (CIRCLE ALL THAT APPLY):	READING & WRITING	MATH	COMPUTERS (EMAIL & INTERNET)			
ARE YOU CURRENTLY RECEIVING BENEFITS?	YES	NO	IF YES, WHICH TYPE?	JSA	ESA	OTHER: _____
ARE YOU PLANNING TO GO BACK TO WORK?	YES	NO				
IF YES, WHEN DO YOU THINK YOU WILL BE READY?	NOW	3 TO 6 MONTHS	6 TO 12 MONTHS	MORE THAN 12 MONTHS	OTHER: _____	
IF NO, WHY?	DISABILITY SPECIFY: _____		PENSIONER	OTHER: _____		
WHAT WOULD HELP YOU TO GET WORK?	FURTHER STUDIES/TRAINING SPECIFY: _____		ACCEPTABLE SALARY SPECIFY: _____		OTHER: _____	
DO YOU WANT TO WORK?	YES	NO				
PLEASE EXPLAIN WHY (CIRCLE ONE - THE MOST RELEVANT)?	I RECEIVE MORE ON BENEFITS THAN I WOULD MAKE AT WORK	TO MUCH ANXIETY/STRESS	NOT MOTIVATED - I DO NOT LIKE TO WORK	OTHER:		
OFFENDING BACKGROUND						
DO YOU HAVE A HISTORY OF CRIMINAL BEHAVIOUR? (IF NO, YOU HAVE COMPLETED THE SURVEY)	YES	NO				
APPROXIMATELY HOW MANY CONVICTIONS HAVE YOU HAD IN THE PAST?	1 TO 5	5 TO 15	15 TO 30	30 TO 50	MORE THAN 50	
WHAT TYPE OF CONVICTION (CIRCLE ONE - THE MOST PRELEVANT)	CRIMES AGAINST PROPERTY (ROBBERY, BULGARY, SHOPLIFING)	DRUGS (POSSESSION OR TRAFFICKING)	ANTI-SOCIAL BEHAVIOUR	VIOLENT CRIME/CRIMES AGAINST PERSONS	OTHER: _____	

<b>WHY DO YOU BELIEVE YOU WERE INVOLVED IN CRIMINAL ACTIVITIES?</b>	ADDICTION	UPBRINGING	COMMUNITY	LACK OF OPPORTUNITIES	OTHER: _____
<b>DO YOU THINK YOU WILL REOFFEND IN THE FUTURE?</b>	FOR SURE	VERY LIKELY	LIKELY	NOT LIKELY	NO