**Interview Questionaire: Drug: Alcohol Detox or Rehabilitation Center**

Detox/Rehab Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_     \_\_\_\_\_\_\_\_\_\_

Street Address: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite: \_     \_\_\_\_\_\_

City: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_     \_\_\_\_\_\_\_ Zip: \_     \_\_\_\_\_\_\_\_\_

Phone: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_     \_\_\_\_\_\_\_\_\_\_\_\_

1. a. What is the monthly cost of your program, and what does it include? $      \_\_\_\_\_\_

b. Are there any additional costs such as for drug testing or for medication? [ ] Yes [ ] No

c. Do you accept my insurance plan, Medicare, or Medicaid? [ ] Yes [ ] No

d. Do you have a loan program to pay for the cost? [ ] Yes [ ] No

 e. Is there a contract to sign? Can I get an advanced copy to review? Is there a penalty for leaving the program early?

 If so, is it prorated? If not, how much of my payment would be forfeited? [ ] Yes [ ] No

1. a. How much notice do you need, and is there a current vacancy?      \_\_\_\_\_\_ Can I tour the facility? [ ] Yes [ ] No

b. Is there a minimum or maximum time frame to attend? [ ] Yes [ ] No

 (3-6 months should be minimum;12 months is best in most cases)

1. a. Can you describe an overview of your program?      \_\_\_\_\_\_\_

b. Do you use a 12-step program? [ ] Yes [ ] No (Many use this, but other approaches are also used.)

 A 12-step program may not be as effective for an opioid addiction, but doesn’t mean the overall program is ineffective.)

1. Do you have a detox center? [ ] Yes [ ] No Average days inpatient:      \_\_\_ (3-5 days is average time in detox)
2. Is the detox unit medically monitored? [ ] Yes [ ]  No Is it locked down?(cannot leave) [ ] Yes [ ] No
3. How is the withdrawal process managed?       \_\_\_\_\_ While in detox, is smoking allowed? [ ] Yes [ ] No
4. What is the cost of detox? $     \_\_\_\_ Does it include any medications? [ ] Yes [ ] No
5. a. Do you allow or use medications for anxiety, bipolar, or for addictions? (ie.,Suboxone) [ ] Yes [ ] No

 (Some programs require that all medications be stopped. Other programs allow medications, especially for residents

 already on long-term medication regiments for anxiety, bipolar, or opioid addiction.)

b. Do you allow residents to smoke? [ ] Yes [ ] No\_\_\_ Most addicts smoke. This smoking prohibition was a deal

 breaker for my son. Ideally, smoking should not be allowed, but it is extremely difficult to quit both drugs or alcohol

 and cigarettes at the same time. Many facilities allow smoking for this reason, but they do so reluctantly since

 nicotine is highly addictive and allowing it seems counterintuitive to the goal of sobriety.

1. Describe the process and frequency for group support meetings, MD exams, and counseling sessions.
2. What other therapies or modalities are utilized in your program?       \_\_\_\_\_
3. What is your policy on communications, visitors, and do you allow weekend home visits?       [ ] Yes [ ] No

(We did not have positive results with a home visit policy. Full-time live-in residential treatment may be the optimal rehab protocol, but many addicts cannot attend rehab full-time.They must work a job narrowing the option to a daytime rehab program. I think limited personal visits with regular phone calls for moral support and status is a good choice.

1. a. How long has this facility been open, and what is your success rate?       \_\_\_\_\_

b. Do you have a follow-up program once a residence is discharged? [ ] Yes [ ] No Explain:       \_\_\_\_\_

1. Are you CARF accredited? [ ] Yes [ ] No Do you have other accreditations or certifications? [ ] Yes [ ] No

Your impression:\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Rating: [ ]  No way [ ]  So-So [ ]  Good [ ]  Very Good [ ]  Excellent [ ] Yes, this is the one.

Needed followup to make decision: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Decision needed by when? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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