**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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