

Sobriety Maintenance Skills Assessment

Rev 7/19/11

Client Name: _____ Date: _____

What are you actively doing to “work a program of recovery”?

Previous attempts to maintain sobriety:

Why not successful?

Longest period of sobriety:

Current length of sobriety:

AA/NA Involvement (frequency/which meetings):

What are the first 3 steps?

Which step currently working?

Current use of sponsor:

Current motivation to maintain sobriety:

Understanding of recovery concepts:

“Dry Faces/Dry Places”

“Let go/Let God”