

Recovery Support Matching Checklist

Name: _____ Date: _____

This is a quick way to assess your needs and preferences that can help in matching you to relevant support groups. Which of the following are important to you in selecting a recovery support group?

Check all that apply. I prefer to be with other people who:

1. Have experience with my primary drug(s).....
2. Are the same gender as me.....
3. Are close to my age.....
4. Share my ethnic/cultural background.....
5. Share my views on religion, spirituality or secularity.....
6. Share my sexual orientation
7. Smoke tobacco
8. Do not smoke tobacco
9. Have tolerant attitudes toward mental illness
10. Have tolerant attitudes toward medications prescribed for addiction or mental illness....
11. Have experience in the criminal justice system.....
12. Do not have experience in the criminal justice system
13. Have approximately the same income as me.....
14. Have had severe alcohol or other drug problems
15. Have had mild to moderate alcohol or other drug problems.....
16. Share my goal of complete abstinence from alcohol and/or other drugs.....
17. Share my goal of moderated or low risk alcohol or other drug use

Other factors that are important to me: _____

Adapted by George S. Braucht, LPC and distributed with the permission of Bill White. From:
White, W. & Kurtz, E. (2006). *Linking Addiction Treatment and Communities of Recovery: A
Primer for Addiction Counselors and Recovery Coaches*. Pittsburgh, PA: IRETA/NeATTC

