



**Division of Mental Health & Addiction –
Recovery Residences Resident Survey**

This survey will ask questions about where you live and your experience living there. You will not need to share your name at any point in the survey. Responding to this survey will not impact your ability to stay at your home. Thank you so much for completing this survey!

1. How long have you lived here? _____
2. Do you have storage for food?
Yes No
3. Are residents involved in food preparation?
Yes No
4. Do you feel like you have a voice in choosing with whom you live?
Yes No
5. Do you know how to request a roommate change, if needed?
Yes No
6. Do residents help maintain and clean the home?
Yes No
7. Are you asked to share in household expenses?
Yes No
**If yes, how do you contribute?*

8. Have you been given information on how to be a good neighbor?
Yes No
9. Does your home feel like a safe place that is alcohol and illicit drug free?
Yes No
10. Do residents help make house rules?
Yes No
11. Do you know what to do if there is an emergency in the home?
Yes No



12. Have you been provided information and training on how to use Narcan?
Yes No
13. Have you been informed of the grievance policies and procedures, including how to report unresolved grievances to INARR?
Yes No
14. Do you feel supported, respected, and treated positively by staff?
Yes No
15. Do you feel staff are responsive to your personal cultural practices and beliefs?
Yes No
- 16a. Have you been active in your recovery planning?
Yes No **If no, skip to question 17.*
- 16b. Does your plan include an exit plan?
Yes No
17. Are your strengths and recovery progress celebrated?
Yes No
18. Do you feel encouraged to participate in mutual support or caregiving of others?
Yes No
19. Do you feel encouraged and supported to participate in supports to aid your recovery, including connecting to your community?
Yes No
20. Have staff ever become involved in your personal finances, other than agreements for fees?
Yes No
21. Have you been fully informed of all fees, charges, refunds, and how those will be made?
Yes No
- 22a. Have peer supports been encouraged?
Yes No **If no, skip to question 23*
- 22b. Have you been encouraged to become a peer support?
Yes No
- 22c. Is there written information for peer leadership and mentoring roles?
Yes No
23. Are smoking cessation tools provided to you if you want them?
Yes No

Please submit the completed survey to DMHAHousing@fssa.in.gov or store in a sealed envelope for the site visit.