

Alumni Services Questionnaire



Congratulations! You have taken an important, life saving step by coming to Chestnut Health Systems. We know how hard you are working to create a strong recovery program for yourself and we applaud your hard work and dedication to changing your life. In an effort to support you and your fellows newly in recovery we have developed an Alumni Services program. Please take a moment to read the information below and give us your feedback. Your feedback will help us to make sure we provide exactly the support that our alumni need.

Participation in the alumni services program and/or any of the alumni services or activities would be voluntary and open to anyone over the age of 18 who is in recovery. Participation will not be contingent on having received treatment through a Chestnut program.

The purpose of the Chestnut Alumni Services program is to provide alumni with support and guidance needed to ensure an ongoing successful recovery.

Please take a moment to answer the following questions. Your answers will help in planning alumni events and services.

**1. What types of activities would you be interested in attending?
(Check all that apply)**

- Dances
- Pool/Billiards
- Retreats
- Speaker/Panel discussions
- Game nights
- Picnics
- Musicals/Plays
- Service projects
- Movies
- Sporting events
- Concerts
- Bowling
- Dining out
- Day trips
- Educational opportunities
- Others _____

**2. What time of the day would you be most likely to attend activities?
(Check all that apply)**

Weekdays (Monday – Thursday) Before noon 12 – 5 PM After 5 PM

Weekends (Friday) After 5 PM

Weekends (Saturday – Sunday) Before noon 12 – 5 PM After 5 PM

3. What is the most amount you would spend to attend an event?

- \$0
- \$1 - \$10
- \$10 - \$20
- \$20 - \$50
- \$50 or more

4. Gender male female

5. Age range 18 - 25 26 - 35 36 - 49 50 +

6. 12 Step groups in which you are actively involved (*Check all that apply*)

AA NA CA Alanon Others_____

7. Time in recovery:

0 – 6 mos. 7 –12 mos. 13 – 23 mos. 2+ years

Would you like more information about volunteer opportunities at Chestnut?

yes no

Would you like to receive information about programs and services being offered? If so please complete the section below. Information provided will be kept confidential and will not be released to any third party. You may unsubscribe to our communications at any time by calling (309) 827-6026 or sending an e-mail to: alumni@chestnut.org.

First Name	
Last Name	
Street Address	
City, State & Zip	
Phone Numbers	Home: _____ Cell: _____
E—mail	

Signature _____ Date _____

Thank you for taking the time to give us this important information and we wish you a long and happy recovery.

Please mail to:

Chestnut Health Systems
ATTN: Alumni Services
1003 Martin Luther King Drive
Bloomington, IL 61701