

Peer Run Respite Guest Arrival Survey

1. Peer Run Respite Name: Grassroots Wellness Iris Solstice

2. Guest ID# (to be filled out by respite staff):

3. Date of Arrival (month/day/year): _____

4. How did you hear about Peer Run Respite?

5. Age: 18-24 25-34 35-44 45-54 55-64 65 and over

6. Gender: Male Female Another Gender: _____

7. Race/Ethnicity (select all that apply): Hispanic/Latino/a Black White
 Native American Asian Other _____

8. County of Residence: _____

9. Where would you have gone or what would you have done if Peer Run Respite had not been available to you?

E.R. or Hospital Substance Use Treatment Shelter Stay with Family or Friends
 Home Unsure/nowhere to go Jail/incarcerated Other _____

10. What are you hoping to gain or achieve from your stay at Peer Run Respite? (In your own words)

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11. In the past 12 months, did you experience any of the following? About how many times?

	Choose not to answer	0 Times	1 time	2 or 3 times	4 or more times
a. Hospital psychiatric emergency or stay	[]	[]	[]	[]	[]
b. Arrested or detained by law enforcement	[]	[]	[]	[]	[]
c. Other, please explain: _____ _____	[]	[]	[]	[]	[]

12. Over the past two weeks, please share how much you've agreed or disagreed with the following statements:

	Disagree	Slightly Disagree	Neither agree nor disagree	Slightly Agree	Agree
a. I have felt mentally and emotionally healthy and well.	[]1	[]2	[]3	[]4	[]5
b. I have felt confident I can handle life's stresses and demands.	[]1	[]2	[]3	[]4	[]5
c. I have had meaningful daily activities (such as work, school, volunteering, hobbies, etc.).	[]1	[]2	[]3	[]4	[]5
d. I have felt connected to my community.	[]1	[]2	[]3	[]4	[]5
e. I have felt hopeful and optimistic about my future.	[]1	[]2	[]3	[]4	[]5

13. Date survey completed: _____