

SMART Recovery Meeting Feedback Form

Day _____ Date _____ Time _____ City _____ Facilitator _____

1) I felt involved

1 2 3 4 5
not at all somewhat very much

2) I felt safe

1 2 3 4 5
not at all somewhat very much

3) The leader was adequately informed about SMART Recovery

1 2 3 4 5
not at all somewhat very much

4) Participants were active in the discussion

1 2 3 4 5
not at all somewhat very much

5) I learned something useful

1 2 3 4 5
not at all somewhat very much

6) I learned about one or several SMART Recovery Tools for recovery

1 2 3 4 5
not at all somewhat very much

7) The leader talked

1 2 3 4 5
too little just right too much

8) The meeting was

1 2 3 4 5
without structure just right too structured

9) How did the leader respond to individuals who broke meeting guidelines?

1 2 3 4 5
too harsh just right not enough

Comments (use back if needed):

If you have major concerns about this meeting, please contact the Central Office at information@smartrecovery.org or 866-951-5357

Thank you for your observations!