

## Clubhouse Visit and Focus Group Peer Questionnaire (C2)

1. How do you feel that your treatment is going? Do you feel that you are engaged and making progress?
  
2. How do you feel about the program that you are currently in? Your Center?
  
3. Did you create your own goal that you are working on?
  
4. Do you feel like your needs are being met in.....
  - Employment/volunteering?
  
  - Transportation?
  
  - Housing?
  
  - Your physical health?
  
5. Have you been offered Tobacco Cessation?
  
6. Have you been offered Peer Support Services?
  
7. Have you been receiving Peer Support Services? If so.....How have these services helped you in your treatment?

