

Self-Help Meeting Verification

Name: _____ Date: _____

Meeting Location: _____ Time: _____

Meeting Type: (Check all that apply)

☐ Open Discussion ☐ Closed Discussion ☐ Open Speaker ☐ Alcoholics Anonymous ☐ Alanon
☐ Narcotics Anonymous ☐ Cocaine Anonymous ☐ Celebrate Recovery ☐ Bible Study/Church

Meeting Topic: _____

What was your emotional state before the meeting? _____

What was your emotional state after the meeting? _____

What did you learn at the meeting? _____

How does it apply to your recovery? _____

What are you going to do differently as a result of what you learned? _____

Client's signature Date

Meeting Chairperson/Secretary's signature Date

Self-Help Meeting Verification

Name: _____ Date: _____

Meeting Location: _____ Time: _____

Meeting Type: (Check all that apply)

☐ Open Discussion ☐ Closed Discussion ☐ Open Speaker ☐ Alcoholics Anonymous ☐ Alanon
☐ Narcotics Anonymous ☐ Cocaine Anonymous ☐ Celebrate Recovery ☐ Bible Study/Church

Meeting Topic: _____

What was your emotional state before the meeting? _____

What was your emotional state after the meeting? _____

What did you learn at the meeting? _____

How does it apply to your recovery? _____

What are you going to do differently as a result of what you learned? _____

Client's signature Date

Meeting Chairperson/Secretary's signature Date