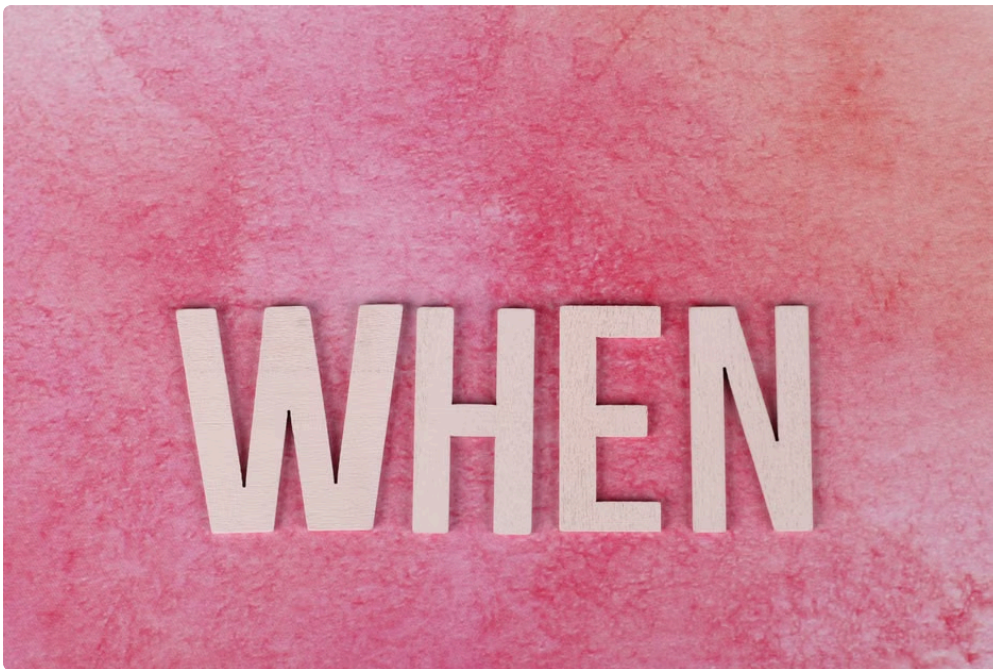


If you're wondering what to expect from rehab, the assessment may feel like the biggest unknown. You might picture a test you can fail, or worry that one answer will determine whether you're "allowed" to get help. In a good intake interview, the purpose is different: to understand what's going on, identify any immediate safety concerns, and discuss what kind of care may fit your situation.

Expect personal questions about substance use, health, mental well-being, and practical needs. You can ask why a question matters, request a pause, or say when you don't know an answer. Being honest helps the clinician make safer recommendations; it isn't a character judgment. And an assessment should come before anyone confidently promises a particular schedule or level of care.



This guide explains common first-time treatment questions, what happens with the information you share, and what you can ask in return. It draws on the general treatment-planning resources of Aura Recovery Center and the National Institute on Alcohol Abuse and Alcoholism's Alcohol Treatment Navigator. Specific services and procedures vary by provider.

What Is an Intake Interview?

An intake interview is an initial conversation with a trained staff member, often a counselor, nurse, or admissions clinician. It may happen by phone, by video, or in person. The team gathers information to understand your needs and determine what next steps may be appropriate. Depending on the provider, the process can include separate conversations with medical and behavioral health staff.

The assessment is not the same as being admitted. A conversation might lead to a recommendation for a particular level of care (how much support and supervision you receive), another evaluation, or a referral to a different service. The provider should explain the reasoning rather than simply telling you, "We tailor care." Ask what that means in your specific case.

Questions may cover several areas:

- What substances you use, how often, and when you last used them.
- Past attempts to stop or cut back, including withdrawal symptoms (body and mind reactions after reducing or stopping a substance).

- Physical health, medications, and any urgent medical concerns.
- Mood, anxiety, trauma, sleep, and immediate safety.
- Where you live, who can support you, and what could make treatment difficult to attend.
- What you hope will change in the short term and over time.

Why Assessment Should Come Before Scheduling

Here's what kills me: it can be tempting to ask first about start dates, daily schedules, or how long a program lasts. Those are fair questions, but a responsible provider needs enough information to discuss whether the program may be suitable and safe for you. The right next step depends on more than a calendar opening. It can depend on withdrawal risk, medical needs, mental health, your living situation, and the kind of support available after treatment.

A conversation about options should include examples. For instance, a clinician may explain whether you need a medical evaluation before stopping, whether outpatient appointments could fit your needs, or whether a more structured setting deserves discussion. These are possibilities, not conclusions that can be made for everyone from one phone call.

Ask how the provider makes recommendations, who reviews your information, and what happens if the service cannot meet your needs. If you are told that a specific program is definitely right for you before anyone has asked about your health, substance use, or safety, ask what the recommendation is based on.

Questions About Substance Use

You may be asked which substances you use, including alcohol, prescription medications, and other drugs. Expect questions about the amount, frequency, and pattern of use, as well as the most recent use. The clinician may ask whether you use more than one substance or have combined substances. These details help the team think about possible medical risks and the type of assessment you may need.

You may also be asked when your use began, whether it has changed recently, and how it affects daily life, relationships, work, or school. A clinician may ask about previous treatment, attempts to stop, and what helped or made things harder. You do not need to present a polished story. If you are unsure about quantities or dates, say so and give your best estimate.

These questions are not a test of whether your problem is "serious enough." They help build a clearer picture. If you're worried about privacy or how your answers will be used, ask the provider to explain its confidentiality practices and any limits before sharing sensitive details.



Withdrawal Risk and Safety Planning

One of the most important parts of the intake interview is checking whether stopping or reducing use could put you at risk. Withdrawal can range from uncomfortable to medically dangerous, depending on the substance, amount and pattern of use, health history, and other factors. Alcohol and some medications, including certain sedatives, can involve serious withdrawal risks. A clinician needs accurate information to help plan a safe next step.

You may be asked whether you have had shaking, sweating, nausea, severe anxiety, confusion, hallucinations (seeing or hearing things others don't), or seizures after cutting down or stopping. You may be asked whether you have needed medical help <https://www.windstream.net/finance/category/press/article/businessnewswire-2026-10-1-recovery-does-not-follow-one-schedule-what-personalized-addiction-care-looks-like> for withdrawal before, and whether you are currently feeling unwell.

An intake call is not a substitute for urgent medical care. If you have severe or rapidly worsening symptoms, a seizure, extreme confusion, trouble breathing, or another emergency, contact local emergency services or go to an emergency department. Do not wait for a routine admission appointment. If you think you may be at risk when stopping, ask a medical professional for guidance rather than trying to manage withdrawal on your own.

Safety planning may also include discussing current medications, medical conditions, access to a safe place, and who could help you get care. Ask the provider exactly who will assess withdrawal risk, whether medical supervision is available, and what to do if symptoms change before your appointment.

Physical Health, Medication, and Daily Needs

The clinician may ask about chronic conditions, recent injuries, allergies, pregnancy, sleep, nutrition, and medications or supplements. They may ask whether you have a regular doctor or need help connecting with one. This information can matter when planning care and checking for health needs alongside substance use.

Practical questions are part of assessment, too. The provider may ask about transportation, childcare, work, housing, insurance, and support from family or friends. These questions are not a measure of your commitment. They can identify barriers the team may be able to help you plan around. Ask which supports are actually available and whether there are costs, eligibility rules, or limits.

Mental Health Screening and Follow-Up

Many intake interviews include questions about mood, anxiety, trauma, sleep, concentration, and past mental health care. This is sometimes called screening (a first check for signs that may need a closer look). You may be asked whether you have felt hopeless, unusually worried, or unsafe, or whether you have had thoughts of harming yourself or someone else.. Exactly.

These questions help the team consider whether mental health concerns and substance use may need attention at the same time. Co-occurring conditions (mental health and substance-use concerns happening together) are common, but one brief screening does not diagnose you or explain everything you're experiencing. Be as direct as you can, especially about immediate safety concerns. If you may act on thoughts of harming yourself or someone else, seek urgent help now through emergency services or a crisis resource in your area.

Ask what happens after a positive screening. Will a licensed clinician follow up? Can the program coordinate with your current therapist or prescriber, with your permission? What if you need a more specialized evaluation? A responsible answer should describe a concrete next step, not just promise that mental health is included.

Short-Term and Long-Term Recovery Goals

"What are your goals?" can feel like a big question, especially if you are calling because you are in crisis. You do not need a five-year plan. A short-term goal might be getting through withdrawal safely, improving sleep, or finding a treatment option you can attend. A longer-term goal might involve rebuilding relationships, returning to work or school, or finding ongoing support.

The team may ask what has led you to seek help now, what you want to be different, and what kind of support feels realistic. They may ask whether you are aiming to stop using, reduce harm, or explore options without having made a decision yet. You can be uncertain. It's useful to say so rather than agreeing to a goal just to get through the call.

Recovery plans can change as needs and circumstances change. A recommendation should leave room for reassessment and should not be presented as a guarantee that one method works for everyone.

What Happens After the Assessment?

Let me tell you about a situation I encountered learned this lesson the hard way.. After the intake interview, the provider may review your information and discuss possible next steps. That could mean arranging another evaluation, talking through a level of care, or connecting you with a different service. If the provider recommends treatment, ask how the recommendation addresses your withdrawal risk, health needs, mental health, and goals.

Planning should also look beyond the first appointment or program. Ask what happens when you step down to less intensive support, how follow-up is arranged, and who helps coordinate referrals. Continuing care (support after a more intensive treatment period) can include outpatient counseling, peer support, medical follow-up, or other services. What is available depends on your needs and the provider's network.

If you're comparing programs, the NIAAA Alcohol Treatment Navigator offers general information to help people explore alcohol treatment options and questions to consider. You can also review a provider's materials, including those from Aura Recovery Center, and then confirm details directly. A website can help you prepare, but an individual assessment is needed to discuss what may fit you.

Questions to Ask During Your Intake Interview

People often freeze when a clinician asks, “Do you have any questions?” Keep this list nearby and choose the questions that matter most to you:

- Who will review my answers, and what happens after this interview?
- How do you assess withdrawal risk, and who can provide medical guidance?
- What information are you using to recommend a level of care?
- What would make this program a poor fit, and where would you refer me?
- How do you screen for mental health needs, and who follows up?
- How will medications, existing health conditions, or other treatment be considered?
- What support is available for transportation, cost, work, or childcare?
- What does follow-up look like after the initial treatment period?
- What should I do if my symptoms or safety concerns change before the next appointment?

How to Prepare Without Overthinking It

You do not have to memorize a script. If it helps, write down the substances you use, your best estimate of how often, when you last used them, any past withdrawal symptoms, current medications, and the questions you want answered. Bring a support person if the provider allows it and you want one there. You can also say, “I’m nervous and may need you to repeat that.”

First-time treatment can bring fear, embarrassment, relief, or all three. The intake interview is meant to start a conversation and identify a safe, realistic next step—not to decide your worth or predict your future. Ask for explanations in plain language, speak up about immediate risks, and expect the provider to explain how its recommendations connect to your actual needs.