Appendix: Survey Instrument

1. How many days in the past thirty have you used any alcohol?
2. How many days in the past thirty did you feel the effects of alcohol, for example you got "a buzz" or got drunk?
3. How many days in the past 30 have you been troubled or bothered by any alcohol problems?
4. How troubled or bothered have you been in the past 30 days by these alcohol problems?

0 - Not at all

1 - Slightly

2 - Moderately

3 - Considerably

4 - Extremely

1. How important to you now is treatment for these problems?

0 - Not at all

1 - Slightly

2 - Moderately

3 - Considerably

4 - Extremely

1. How much would you say you spent during the past 30 days on alcohol?
2. How many days in the past thirty have you used heroin?
3. How many days in the past thirty have you used methadone?
4. How many days in the past thirty have you used other opiates or painkillers like oxycodone, Percocet, Vicodin?
5. How many days in the past thirty have you used barbiturates, like phenobarbital?
6. How many days in the past thirty have you used other sedatives, such as benzodiazepines like Klonopin, Valium, Xanax, or Ativan?
7. How many days in the past thirty have you used cocaine or crack?
8. How many days in the past thirty have you used amphetamines, like adderall, meth, ritalin?
9. How many days in the past thirty have you used cannabis, or marijuana?
10. How many days in the past thirty have you used hallucinogens, like LSD or mescaline?
11. How many days in the past thirty have you used more than one drug per day?
12. How many days in the past thirty have you experienced problems with drug use?
13. How troubled or bothered have you been in the past 30 days by drug problems?

0 - Not at all

1 - Slightly

2 - Moderately

3 - Considerably

4 - Extremely

1. How important to you now is treatment for these drug problems?

0 - Not at all

1 - Slightly

2 - Moderately

3 - Considerably

1. - Extremely
2. Which substance is your major problem?
3. During the past thirty days, on how many days did you use your major problem substance?
4. During the past thirty days how many times did you go to an emergency room for your alcohol or other drug use problems?
5. During the past thirty days how many times were you admitted to a hospital for your alcohol or other drug use problems?
6. In the past thirty days how many times have you personally experienced a drug overdose?
7. In the past thirty days, on how many days did you smoke tobacco (even a puff)?
8. In the past thirty days, have you tried to quit smoking and made it for 24 hours or more?
9. On a scale of 1 to 10 with 1 being not at all confident, 5 being somewhat confident, and 10 being very confident, how confident are you that you will be able to stay sober in the next 90 days, or 3 months?
10. On a scale of 1 to 10 with 1 being not at all important, 5 being somewhat important, and 10 being very important, how important is it that you stay sober in the next 90 days, or 3 months?
11. Are you currently receiving formal treatment for your drug or alcohol problem, such as being enrolled in an outpatient, intensive outpatient, partial, or residential treatment, and/or being currently prescribed a medication to treat addiction? (If participant is attending mutual help alone, the answer to this question is no).
12. What type of treatment are you receiving?
    1. Outpatient counseling: Y/N
    2. Intensive outpatient or partial hospitalization program: Y/N
    3. Residential treatment: Y/N
    4. Methadone maintenance: Y/N
    5. Buprenorphine maintenance: Y/N
    6. Other medication treatment: Y/N
    7. Other type of treatment: Y/N
    8. I am not receiving treatment: Y/N
13. If you are taking a medication for you drug or alcohol problem, on many days in the past 30 days did you miss taking your medication or not take it as prescribed?
14. In the past 30 days how many mutual help group meetings, such as AA, NA, or Smart Recovery, have you attended?
15. On a scale of 1 to 10 with 1 being ‘not at all satisfied’, 5 being ‘somewhat satisfied’, and 10 being ‘completely satisfied’, in general how satisfied are you with your life?
16. Looking back on the period [since previous interview], would you say that overall, your life has gotten a little better, much better, a little worse, much worse or stayed about the same?