**MAM**

The next set of questions ask about several areas of your life such as your housing, health, alcohol and drug use, and substance abuse treatment. Please answer each question **about the past 30 days,** unless indicated otherwise.

1. What is your current living arrangement?

* Independent (living on your own or with family/others)
* Homeless Shelter
* Homeless Unsheltered
* Other- Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2. If **Independent**: Do you live alone?

* No
* Yes

1.3. If **No**: Who do you live with? Check all that apply.

* Spouse/Significant Other
* Child/Grandchild
* Parent
* Other Relative
* Non-Relative

1.4. If you selected **Child/Grandchild**: How many children/grandchildren live in your household?

\_\_\_\_\_\_\_\_\_

1.5. If you selected **Parent**: How many parents live in your household?

\_\_\_\_\_\_\_\_\_

1.6. If you selected **Other Relative**: How many other relatives live in your household?

\_\_\_\_\_\_\_\_\_

1.7. If you selected **Non-Relative**: How many non-relatives live in your household?

\_\_\_\_\_\_\_\_\_

1. Have you had any psychiatric hospitalizations in the past 30 days?

* No
* Yes

1. Have you been arrested in the past 30 days?

* No
* Yes

1. Have you spent at least one night in jail in the past 30 days?

* No
* Yes

1. Were you a victim of any violent crime in the past 30 days?

* No
* Yes

1. Were you a victim of any non-violent crime in the past 30 days?

* No
* Yes

1. Have you been enrolled in an alcohol and drug abuse treatment program in the past 30 days?

* No
* Yes

1. If **Yes**: How many individual alcohol and drug abuse counseling sessions have you attended in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. If **Yes**: How many group alcohol and drug abuse counseling sessions have you attended in the past 30 days (not including AA or NA meetings)?

\_\_\_\_\_\_\_\_\_\_

1. How many self-help meetings like AA or NA to support your recovery have you attended in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. Have you been enrolled in other counseling in the past 30 days (don’t include drug and alcohol abuse counseling sessions)?

* No
* Yes

1. If **Yes**: How many days have you attended other counseling in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. How many days were you in contact or spend time with any family member or friends who are supportive of your recovery in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. How many days were you in contact or spent time with any family member or friends who are not supportive of your recovery in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. How many days did you spend much of the time at work, school, or doing volunteer work in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. Has your religion or spirituality helped support your recovery in the past 30 days?

* Not at all
* Slightly
* Moderately
* Considerably
* Extremely

1. Have you taken prescribed medication to help maintain abstinence from alcohol in the past 30 days?

* No
* Yes

1. If **Yes**: On how many days did you take your medication directly as prescribed in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. Have you taken any prescribed other psychiatric medication in the past 30 days (for mental illness other than alcohol and drug addiction)?
   * No
   * Yes
2. If Yes: On how many days did you take your other psychiatric medication directly as prescribed in the past 30 days?

\_\_\_\_\_\_\_\_\_\_

1. How satisfied are you with your progress toward achieving your recovery goals in the past 30 days?
   * Not at all
   * Slightly
   * Moderately
   * Considerably
   * Extremely
2. Is your goal still to remain abstinent in the future?
   * No
   * Uncertain
   * Yes
3. **In the next 30 days,** how confident are you in your ability to be completely abstinent from alcohol?
   * Not at all
   * Slightly
   * Moderately
   * Considerably
   * Extremely