1. Do you/does someone you know need to access substance abuse treatment services?

**Answer Choice 1A:** Yes

**Answer Choice 1B:** I’m not sure [End-direct to sources for assessment]

**Answer Choice 1C:** No [End-direct to message “Thank you for your time.” ]

1. Treatment can be delivered on an outpatient or inpatient basis. Examples of outpatient treatment options include 12 step programs, counseling, and Intensive Outpatient Programs where you spend several hours per week in treatment. Examples of inpatient treatment options include inpatient detox and inpatient residential treatment where you stay in the facility overnight for the length of your treatment. I am interested in learning about substance abuse treatment resources that are:

**Answer Choice 2A:** Outpatient

**Answer Choice 2B:** Inpatient [skip to question 4]

**Answer Choice 3B:** Both

1. I am interested in [allow check all that apply]

|  |  |  |
| --- | --- | --- |
| **Answer Choice 3A** | 12 Step Programs | These programs occur in the community and are free. Examples include Alcoholics Anonymous and Narcotics Anonymous. [If selected, provide link to [www.aa.org](http://www.aa.org) and [www.na.org](http://www.na.org)] |
| **Answer Choice 3B** | Counseling | Counseling with a mental health provider. |
| **Answer Choice 3C** | Intensive Outpatient Program | Structured treatment that typically lasts 3-4 hours per day for 3-5 days per week. |
| **Answer Choice 3D** | Partial hospitalization | Structured treatment that typically lasts 6-8 hours per day for 5-7 days per week. |

1. [skip for participants who selected Answer Choice 2A] I am interested in [allow check all that apply]

|  |  |  |
| --- | --- | --- |
| **Answer Choice 4A** | Inpatient Detox | These services include medical care provided for safety during withdrawal. **Withdrawal from alcohol or benzodiazepines (like Valium or Xanax) can be life threatening.** |
| **Answer Choice 4B** | Inpatient Residential | Treatment services that typically last 28 days or more. |

1. I am interested in services for a

**Answer Choice 5A**: Male [skip to question 7]

**Answer Choice 5B:** Female

1. I am interested in services for someone who is pregnant

**Answer Choice 6A:** Yes

**Answer Choice 6B:** No

1. I am interested in services for someone

**Answer Choice 6A**: Under 18

**Answer Choice 6B:** 18 years old or older [skip to question 8]

1. I am interested in services for

**Answer Choice 8A**: A child

**Answer Choice 8B:** An adolescent or teenager

1. I am interested in services located

**Answer Choice 9A:** In a specific county

**Answer Choice 9B:** In a specific county and its bordering counties

**Answer Choice 9C:** In a region of the state

**Answer Choice 9D:** Anywhere in Kentucky

1. I am interested in services that accept [allow check all that apply]

**Answer Choice 10A**: Medicaid [if yes, branch to: Anthem, Coventry, Humana, Passport]

**Answer Choice 10B:** Medicare

**Answer Choice 10C**: Government funding (for example, UNITE treatment vouchers)

**Answer Choice 10D**: Military Insurance

**Answer Choice 10E:** Private Insurance

**Answer Choice 10F:** Payment Assistance

**Answer Choice 10G:** No fee

**Answer Choice 10H:** Self-pay

**Answer Choice 10I:** Any