



Battery Header

What type of data are these?

Fake

Real

What is the study name?

What is the participant's Sub ID?

Who are the RAs today? (Enter last name of each RA and separate RAs with a semi-colon)

Penn Alcohol Craving Scale (PACS)

The next set of questions ask you to think about the alcohol cravings you may have had in the past month. Please read each question carefully and select the option that best describes your craving to drink alcohol **during the past month.**

How often have you thought about drinking or about how good a drink would make you feel?

Never—0 times during this period of time

Rarely—1 to 2 times during this period of time

Occasionally—3 to 4 times during this period of time

Sometimes—5 to 10 times during this period of time

Often—11 to 20 times during this period of time

Most of the time—20 to 40 times during this period of time

Nearly all of the time—more than 40 times or more than 6 times per day

At its most severe point, how strong was your craving?

None at all

Slight, that is a very mild urge

Mild urge

Moderate urge

Strong urge, but easily controlled

Strong urge and difficult to control

Strong urge and would have drunk alcohol if it were available

How much time have you spent thinking about drinking or about how good a drink would make you feel?

None at all

Less than 20 minutes

21-45 minutes

46-90 minutes

90 minutes-3 hours

Between 3 and 6 hours

More than 6 hours

How difficult would it have been to resist taking a drink if you had known a bottle were in your house?

Not difficult at all

Very mildly difficult

Mildly difficult

Moderately difficult

Very difficult

Extremely difficult

Would not be able to resist

Keeping in mind your responses to the previous questions, please rate your overall average alcohol craving for the past month.

Never thought about drinking and never had the urge to drink

Rarely thought about drinking and rarely had the urge to drink

Occasionally thought about drinking and occasionally had the urge to drink

Sometimes thought about drinking and sometimes had the urge to drink

Often thought about drinking and often had the urge to drink

Thought about drinking most of the time and had the urge to drink most of the time

Thought about drinking nearly all of the time and had the urge to drink nearly all of the time

Alcohol Abstinence Self-Efficacy Scale (AASE)

The next set of questions list a number of situations that may lead some people to drink alcohol. We would like to know how confident you are that you **would not drink alcohol** in each situation.

Please indicate how confident you have been that you **would not drink alcohol** in each situation generally **during the past month**.

	Not at all	Not very	Moderately	Very	Extremely
When I am in agony because of stopping or withdrawing from alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am on vacation and want to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am concerned about someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am very worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Not very	Moderately	Very	Extremely
When I have the urge to try just one drink to see what happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am being offered a drink in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I dream about taking a drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to test my willpower over drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling a physical need or craving for alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am physically tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am experiencing some physical pain or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel like blowing up because of frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see others drinking at a bar or at a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I sense everything is going wrong for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When people I used to drink with encourage me to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling angry inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I experience an urge or impulse to take a drink that catches me unprepared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am excited or celebrating with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Monthly Addiction Monitor (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.

What is your current living arrangement?

Independent (living on your own or with family/others)

Homeless Shelter

Homeless Unsheltered

Other

If other, please specify....

Do you live alone?

No

Yes

Who do you live with? Check all that apply?

Spouse/Significant Other

Child/Grandchild

Parent

Other Relative

Non-Relative

You selected that you live with a child/grandchild. How many children/grandchildren live in your household?

You selected that you live with a parent. How many parents live in your household?

You selected that you live with an other relative. How many other relatives live in your household?

You selected that you live with a non-relative. How many non-relatives live in your household?

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

No

Yes

Have you been arrested in the past 30 days?

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

How many individual alcohol and drug abuse counseling sessions have you attended in the past 30 days?

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

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

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

No

Yes

How many days have you attended other counseling in the past 30 days?

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?

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?

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

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

Not at all

Slightly

Moderately

Considerably

Extremely

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

No

Yes

On how many days did you take your medication directly as prescribed in the past 30 days?

Have you taken any prescribed other psychiatric medication in the past 30 days (for mental illness other than alcohol and drug addiction)?

No

Yes

On how many days did you take other psychiatric medication directly as prescribed in the past 30 days?

How satisfied are you with your progress toward achieving your recovery goals in the past 30 days?

Not at all
Slightly
Moderately
Considerably
Extremely

Is your goal still to remain abstinent in the future?

No
Uncertain
Yes

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

WHO-ASSIST V3.0

The next set of questions ask about tobacco products and other drugs. The questions ask about your experience using these substances in the past month. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). Please do not report on your use of any substances that are used as prescribed by your doctor. However, if you have taken such

medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please be sure to report on the use of these substances.

Please be assured that the information you share on this questionnaire will be treated as strictly confidential.

In the past month, how often have you used any of the substances below? (Non-Medical Use Only)

	Never	Once or Twice	Weekly	Daily or Almost Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other-Please Specify Below: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past month, how often have you had a strong desire or urge to use any of the substances below?

	Never	Once or Twice	Weekly	Daily or Almost Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other-Please Specify Below: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression Anxiety Stress Scale-21 (DASS21)

In the next set of questions, please read each statement and choose the answer to indicate how much the statement applied to you **during the past month**. The rating scale is as follows:

Never- Did not apply to me at all

Sometimes- Applied to me to some degree, or some of the time

Often- Applied to me to a considerable degree, or a good part of the time

Almost Always- Applied to me very much, or most of the time

	Never	Sometimes	Often	Almost Always
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost Always
I experienced trembling (e.g., in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that i was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost Always

	Never	Sometimes	Often	Almost Always
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Sometimes	Often	Almost Always
I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSS10

The next set of questions asks you about your feelings and thoughts. For each question, please indicate how often you felt or thought a certain way **during the last month**.

How often have you been upset because of something that happened unexpectedly?	<input type="radio"/>
How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>

Never ^A
I

- How often have you felt nervous and "stressed"?
- How often have you felt confident about your ability to handle your personal problems?
- How often have you felt that things were going your way?
- How often have you found that you could not cope with all the things that you had to do?
- How often have you been able to control irritations in your life?
- How often have you felt that you were on top of things?
- How often have you been angered because of things that were outside of your control?
- How often have you felt difficulties were piling up so high that you could not overcome them?

Quality of Life Questions (QOL)

The next set of questions ask you to reflect on your quality of life. Read each statement in the survey and select the response that best reflects how satisfied you have been with your quality of life in each area (health, mental health, sleep, work, relationships, environment, and leisure activities) generally **during the past month.**

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
How satisfied are you with your overall of quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
How satisfied are you with your ability to perform your daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your capacity for work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
How satisfied are you with yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your opportunities for leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the support you get from your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the conditions of your living place (e.g, your house, apartment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
How satisfied are you with the conditions of your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your access to health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your access to transportation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your ability to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
How satisfied are you with your energy for everyday life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dyadic Adjustment Scale (DAS)

The next set of questions ask you to reflect on your relationship with your intimate partner if you have one. Carefully review each question before selecting your response.

Are you currently in a relationship with a spouse, boyfriend/girlfriend, or significant other?

No

Yes

Most persons have disagreements in their relationships. Please indicate below the approximate frequency of these disagreements between you and your partner for each item on the following list.

	Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree
Handling family finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matters of recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrations of affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree
Sex relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree
Conventionality (correct or proper behavior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philosophy of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ways of dealing with parents or in-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aims, goals, and things believed important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree
Amount of time spent together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making major decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure time interests and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Most persons have disagreements in their relationships. Please indicate below the approximate frequency of these disagreements between you and your partner for each item on the following list.

	Never	Rarely	Occasionally	More often than not	Most of the time	All the time
How often do you discuss or have considered divorce, separation, or terminating your relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you or your mate leave the house after a fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Occasionally	More often than not	Most of the time	All the time
In general, how often do you think that things between you and your partner are going well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you confide in your mate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Rarely	Occasionally	More often than not	Most of the time	All the time
Do you ever regret that you married? (or lived together)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you and your partner quarrel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you and your mate "get on each other's nerves?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you kiss your mate?

Never

Rarely

Occasionally

Almost Every Day

Every Day

Do you and your mate engage in outside interests together?

None of them

Very few of them

Some of them

Most of them

All of them

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
Have a stimulating exchange of ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laugh together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calmly discuss something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together on a project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks.

	No	Yes
Being too tired for sex.	<input type="radio"/>	<input type="radio"/>
Not showing love.	<input type="radio"/>	<input type="radio"/>

The middle point, "happy," on this rating scale represents the degree of happiness of most relationships. Please select the option which best describes the degree of happiness, all things considered, of your relationship.

Extremely Unhappy
 Fairly Unhappy
 A Little Unhappy
 Happy
 Very Happy
 Extremely Happy
 Perfect

Which of the following statements best describes how you feel about the future of your relationship?

My relationship can never succeed, and there is no more that I can do to keep the relationship going.

It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

I want very much for my relationship to succeed, and will do my fair share to see that it does.

I want very much for my relationship to succeed, and will do all I can to see that it does.

I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

Multidimensional Scale of Perceived Social Support (MSPSS)

In the next set of questions we ask you to think about the people in your life who support you. Please read each statement carefully. Use the rating scale provided to indicate how well each statement describes you generally.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RISK Burden Measure (RBM)

The next questions asks you about your experiences with the wristband, phone, and other technology in this study **during the last month.**

Please indicate how much you agree or disagree with each statement about your experience **wearing the wristband during the last month.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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The wristband interfered with my daily activities.

☐☐☐☐☐

I disliked wearing the wristband.

☐☐☐☐☐

I would be willing to wear the wristband for one year if it helped with my recovery.

☐☐☐☐☐

Tell us your general thoughts, whether positive or negative, about your experience wearing the wristband?

Please indicate how much you agree or disagree with each statement about your experience using the sleep monitor during the last month.

Strongly
Disagree

Disagree

Undecided

Agree

Strongly
Agree

The sleep monitor interfered with my sleep.

☐☐☐☐☐

I disliked using the sleep monitor.

☐☐☐☐☐

I would be willing to use the sleep monitor for one year if it helped with my recovery.

☐☐☐☐☐

Tell us your general thoughts, whether positive or negative, about your experience using the sleep monitor.

Please indicate how much you agree or disagree with each statement about your experience completing the daily surveys during the last month.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Completing the daily surveys interfered with my daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I disliked completing the daily surveys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to complete four daily surveys a day for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to complete one daily survey a day for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us your general thoughts, whether positive or negative, about your experience completing the daily surveys.

Please indicate how much you agree or disagree with each statement about your experience responding to the daily recovery check-in question via voice note messaging during the last month.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Responding to the daily recovery check-in question interfered with my daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I disliked responding to the daily recovery check-in question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to respond to a daily recovery check-in question for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us your general thoughts, whether positive or negative, about your experience responding to the daily recovery check-in question.

Please indicate how much you agree or disagree with each statement about your experience carrying the iPhone everywhere during the last month.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Carrying the iPhone everywhere interfered with my daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I dislike carrying the iPhone everywhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to carry the iPhone everywhere for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us your general thoughts, whether positive or negative, about your experience carrying the iPhone everywhere.

Please indicate how much you agree or disagree with each statement about your experience with the iPhone saving information about your location during the last month.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I disliked having my location tracked by study staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to have my location tracked by study staff for a year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us your general thoughts, whether positive or negative, about your experience with the iPhone saving information about your location.

Please indicate how much you agree or disagree with each statement about your experience with the iPhone saving information about your text messages and phone calls during the last month.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I disliked having my text message logs (i.e., dates, times, and phone number of contact for text messages) tracked by study staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to have my text message logs (i.e., dates, times, and phone number of contact for text messages) tracked by study staff for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I disliked having my text message content (i.e., the actual text message information itself) tracked by study staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I would be willing to have my text message content (i.e., the actual text message information itself) tracked by study staff for one year if it helped with my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly
Disagree

Disagree

Undecided

Agree

Strongly
Agree

I disliked having my call logs (i.e.; dates, times, and phone number of contact for phone calls) tracked by study staff.

☐☐☐☐☐

I would be willing to have my call logs (i.e.; dates, times, and phone number of contact for phone calls) tracked by study staff for one year if it helped with my recovery.

☐☐☐☐☐

Tell us your general thoughts, whether positive or negative, about your experience with the iPhone saving information about your text messages and phone calls.

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