RISK Project Protocol

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# RISK Study Overview

## Summary

RISK is a three-month long study funded through the National Institute of Alcohol Abuse and Alcoholism (R01 AA024391) with the overarching aim of developing a dynamic lapse risk prediction model from a sample of newly abstinent participants with alcohol use disorder. Data were collected from 2017 – 2019. Participants completed five study visits. The first visit was a screening visit where a battery of self-report surveys was completed (see *Table of Self-Report Measures*). Once eligibility was determined (see *Inclusion Criteria*) participants returned for an intake visit roughly one week later. At intake, additional self-report measures were collected, and study staff administered a semi-structured interview to collect personalized lapse risk information (see *Interview*). The remaining three visits were follow-up visits that occurred about every 30 days. At each follow-up, data were obtained from both self-report and interview methods. At the final visit (follow-up 3), participants were debriefed. Participants also engaged with various personal sensing methods throughout the entirety of their participation (see *Table of Personal Sensing Methods*).

## Inclusion Criteria

1. 18 years of age or older
2. Able to read and write in English
3. Abstinent from alcohol for at least one week and no longer than two months
4. Meet criteria for moderate or severe alcohol use disorder (a score > 4 on the DSM-5 Checklist administered at screening)
5. Not currently experiencing severe symptoms of psychosis or paranoia (a score < 2.24 on the SCL-90 psychosis scale or a score < 2.82 on the SCL-90 paranoia scale administered at screening)
6. Agree to use personal smartphone as their primary phone while enrolled in the study

## Interview

At intake and each follow-up visit, study staff performed a semi-structured interview to collect information about frequently visited places, and frequently communicated with contacts. Contextual questions about each place or contact were used to get drinking (e.g., availability of alcohol at a location, or past-drinking history with a contact) and risk-related information (e.g., pleasantness or unpleasantness of visiting a location or interacting with a contact). At intake, participants prospectively reported frequent locations and contact communications. At each follow-up visit, locations and contacts not yet reported were identified from the participants’ geolocation and cellular communication logs. Contextual questions about each of these newly identified places and people were asked. At intake, participants were also asked to report information about their home location and recovery-related risk, emotionally important days, weekly time periods associated with recovery-related risk or protection, and any upcoming vacations or out-of-town trips occurring while on study. This information was updated on an as-needed basis at each follow-up visit. See *Interview Form* for a list of questions asked during the interview.

## Table of Self-Report Measures

|  |  |  |
| --- | --- | --- |
| **Visit** | **Measure** | **# of Items** |
| Screen | Demographics | 13 |
|  | Alcohol Use History Questionnaire | 14 |
|  | DSM-5 Checklist - modified | 11 |
|  | Young Adult Alcohol Problems Test | 27 |
|  | World Health Organization Alcohol, Smoking and Substance Involvement Screening Test V3.0 - modified | 8 |
|  | Symptom Checklist - 90 | 90 |
|  | Intolerance of Uncertainty Scale - modified | 27 |
|  | Anxiety Sensitivity Index - 3 - modified | 18 |
|  | Distress Tolerance Scale - modified | 15 |
|  | McMaster Family Assessment Device | 60 |
|  | Multidimensional Personality Questionnaire Brief Form | 155 |
| Intake | Penn Alcohol Craving Scale | 5 |
|  | Alcohol Abstinence Self-Efficacy Scale - modified | 20 |
|  | Monthly Addiction Monitor | 26 |
|  | Depression Anxiety Stress Scale - 21 - modified | 21 |
|  | Perceived Stress Scale - 10 | 10 |
|  | Quality of Life Questionnaire - modified | 17 |
|  | Dyadic Adjustment Scale | 33 |
|  | Multidimensional Scale of Perceived Social Support | 12 |
| Follow-up 1-2 | Penn Alcohol Craving Scale | 5 |
|  | Alcohol Abstinence Self-Efficacy Scale - modified | 20 |
|  | Monthly Addiction Monitor | 26 |
|  | World Health Organization Alcohol, Smoking and Substance Involvement Screening Test V3.0 - modified | 2 |
|  | Depression Anxiety Stress Scale - 21 - modified | 21 |
|  | Perceived Stress Scale - 10 | 10 |
|  | Quality of Life Questionnaire - modified | 17 |
|  | Dyadic Adjustment Scale | 33 |
|  | Multidimensional Scale of Perceived Social Support | 12 |
|  | Acceptability Questionnaire | 31 |
| Follow-up 3 | Acceptability Questionnaire | 31 |

*Note:*

*See section for each visit for a full list of items and response options for each measure as well as source of measure.*

## Table of Personal Sensing Methods

|  |  |  |
| --- | --- | --- |
| **Method** | **Description** | **Frequency** |
| Audio Check-in | A diary-style audio response to an open-ended prompt (“How are you feeling about your recovery today?”). | Daily (1x) |
| Ecological Momentary Assessment (EMA) | A brief survey about any alcohol use and craving since the last EMA, current affective state, any pleasant or stressful events and any risky situations that occurred since the last survey, and prospective ratings of how likely it is that one will encounter risky or pleasant situations, and drink alcohol. | Daily (4x) |
| Sleep Quality | A monitor used nightly to log information about sleep timing, duration, and quality. | Daily (event) |
| Moment-by-Moment Geolocation | Access to 24/7 geolocation tracking. | Daily (continuous) |
| Cellular Communication Logs | Access to non-deleted text message and voice call logs via direct backup from phone at each one-month follow-up visit. | Daily (event) |
| Text Message Content | Access to non-deleted text message content via direct backup from phone at each one-month follow-up visit. | Daily (event) |
| Physiology | A wearable wristband sensor to monitor heart rate and other physiology. Data retrieved via daily upload from participants. | Daily (event) |

*Note:*

*See the EMA section for a full list of EMA items, response options, and details about sampling frequency.*

# Screen Survey

## Demographics

This set of questions asks you about your demographics. Please answer each question as accurately as possible.

1. What is your age (in years)?

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

1. What is your sex?

Female

Male

1. What is your race?

American Indian/Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black/African American

White/Caucasian

Other/Multiracial

If Other/Multiracial, please specify \_\_\_\_\_\_

1. Are you of Hispanic, Latino, or Spanish origin?

No, I am not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican American, Chicano  
Yes, Puerto Rican  
Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin

If another Hispanic, Latino, or Spanish origin, please specify \_\_\_\_\_\_

1. What is your highest level of education completed?

Less than high school or GED degree

High school or GED  
Some college  
2-Year degree

College degree

Advanced degree

1. What is your current employment status?

Employed  
Temporarily laid off, sick leave, or maternity leave

Unemployed  
Retired  
Disabled  
Homemaker  
Full-time student  
Other, not otherwise specified

1. If employed, are you.... *[Show if Employed selected in Q6]*

Part-time

Full-time

1. Please indicate your approximate total personal gross income (prior to deducting taxes) in dollars per year. Do not include a dollar sign ($).

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

1. What is your marital status?

Married

Widowed

Divorced

Separated

Never married

1. How many living parents do you have (include biological, adopted, or stepparents)?

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

1. How many deceased parents do you have (include biological, adopted, or stepparents)?

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

1. How many living children do you have (include biological, adopted, or stepchildren)?

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

1. How many deceased children do you have (include biological, adopted, or stepchildren)?

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

## Alcohol Use History Questionnaire

*[In house measure developed by John Curtin and the Addiction Research Center to assess an individual’s drinking history and quit attempts.]*

The next set of questions ask about your history of drinking alcohol. Many of the questions reference events that may have happened several years ago. Please answer each question to the best of your ability.

1. How old were you when you first tried alcohol without your family (i.e., alone or with friends only)?

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

1. At what age did you first begin drinking regularly-that is drinking at least once a week for 6 months or more?

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

1. How old were you when you first believed that you had a drinking problem?

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

1. How old were you when you first tried to quit drinking?

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

1. How many times have you tried to quit drinking alcohol?

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

1. What types of programs or services have you used in the past to help you quit drinking? Please select all that apply.

Long-Term Residential Treatment (more than 6 months)

Short-Term Residential Treatment (less than 6 months)

Outpatient Treatment  
Individual Counseling

Group Counseling  
Alcoholics Anonymous/Narcotics Anonymous

Other

If you selected Other, please specify: \_\_\_\_\_\_

1. Have you ever taken prescribed medication to help maintain abstinence from alcohol?

No

Yes

If Yes, please list the name of all prescribed medications: \_\_\_\_\_\_

1. What was the most recent date that you quit drinking alcohol? Please indicate the date after your last drink.

Month Day Year

1. In the six months prior to your most recent quit date, approximately how many days per week did you consume any alcohol?

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

1. In the six months prior to your most recent quit date, on average how many days per week did you consume 6 or more alcoholic drinks in one day? (Note: one "drink"=one 12-ounce beer or one 5-ounce glass of wine or one 1.5-ounce shot of hard liquor, straight or with mixer.)

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

1. In the six months prior to your most recent quit date, on average how many drinks per day did you consume on days when you drink? (Note: one "drink"=one 12-ounce beer or one 5-ounce glass of wine or one 1.5-ounce shot of hard liquor, straight or with mixer.)

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

1. In the six months when you drank at your heaviest in your life, approximately how many days per week did you consume any alcohol?

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

1. In the six months when you drank at your heaviest in your life, on average how many days per week did you consume 6 or more alcoholic drinks in one day? (Note: one "drink"=one 12-ounce beer or one 5-ounce glass of wine or one 1.5-ounce shot of hard liquor, straight or with mixer.)

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

1. In the six months when you drank at your heaviest in your life, on average how many drinks per day did you consume on days when you drink? (Note: one "drink"=one 12-ounce beer or one 5-ounce glass of wine or one 1.5-ounce shot of hard liquor, straight or with mixer.)

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

## DSM-5 Checklist - modified

## 

*[Measures the degree (mild, moderate, severe) to which an individual meets the diagnostic criteria for alcohol use disorder (American Psychiatric Association, 2013). Modified to be a self-report questionnaire instead of a diagnostic interview. Scored as Yes = 1, No = 0. A score of 2-3 = mild AUD; 4-5 = moderate AUD; 6+ = severe AUD.]*

The next set of questions ask about your alcohol use over a 12-month period. When answering each question please **think about the 12 months prior to your most recent quit attempt**. Please review each statement and select 'yes' for the statements that describe your drinking during the 12 months prior to your most recent quit attempt and select 'no' for the statements that are not true for you.

When responding to the questions below please think about your drinking habits in the **12 months prior to your most recent quit attempt**.

1. I often used alcohol in large amounts over longer periods of time than I intended.

No

Yes

1. I often wanted or tried to cut down or control my alcohol use.

No

Yes

1. I spent a lot of time either (a) using alcohol, (b) in activities trying to obtain alcohol, or (c) recovering from the effects of my drinking alcohol.

No

Yes

1. I gave up or reduced my involvement in important social, occupational, or recreational activities because of my alcohol use.

No

Yes

1. I continued to use alcohol despite knowing that it likely caused or made worse psychological or physical problems I had (for example, continued drinking alcohol despite knowing it was making my ulcer or depression worse).

No

Yes

1. I found I needed greater amounts of alcohol than I used to in order to feel intoxicated or to get a desired effect, OR I got much less of an effect by using the same amount of alcohol as in the past.

No

Yes

1. I experienced withdrawal symptoms when I tried to cut down or stop drinking alcohol, OR I drank alcohol to relieve or avoid withdrawal symptoms.

No

Yes

1. My alcohol use resulted in my not fulfilling major obligations at work, school, or home (for example, repeated absences or poor performances at work or school; neglecting my children at home).

No

Yes

1. I repeatedly used alcohol in situations that were physically hazardous (for example, driving a car or operating machinery).

No

Yes

1. I have experienced strong desires, urges, or cravings to use alcohol.

No

Yes

1. I continued to use alcohol despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of my drinking (for example, arguments with friends about my drinking or physical fights).

No

Yes

## Young Adult Alcohol Problems Test

*[Hurlbut & Sher, 1992]*

The next set of questions ask about events that sometimes happen when people drink alcohol. For each question, select the best answer to indicate if you have ever experienced this event, or how frequently it has occurred in the past year.

1. Have you driven a car when you knew you had too much to drink to drive safely?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you had a headache (hangover) in the morning after you had been drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you felt very sick to your stomach or thrown up after drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you showed up late for work or school because of drinking, a hangover, or an illness caused by drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you not gone to work or missed classes at school because of drinking, a hangover, or an illness caused by drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you gotten into physical fights when drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you ever gotten into trouble at work or school because of drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you ever been fired from a job or suspended or expelled from school because of your drinking?

No, never  
Yes, but not in the past year

1 time in the past year  
2 times in the past year  
3 times in the past year  
4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

1. Have you damaged property, set off a false alarm, or other things like that after you had been drinking?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Has your boyfriend/girlfriend (or spouse), parent(s), or other near relative every complained to you about your drinking?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Has your drinking ever created problems between you and your boyfriend/girlfriend (or spouse) or another relative?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever lost friends (including boyfriends or girlfriends) because of your drinking?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever neglected your obligations, your family, your work, or school work for two or more days in a row because of your drinking?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Has your drinking ever gotten you into sexual situations you later regretted?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever received a lower grade on an exam or paper than you should have because of your drinking?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcohol?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever been arrested, even for a few hours, because of other drunken behaviors?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you awakened the morning after a good bit of drinking and found that you could not remember a part of the evening before?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever had “the shakes” after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble lighting a cigarette)?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever felt like you needed a drink just after you’d gotten up (that is, before breakfast)?

No, never  
Yes, but not in the past year  
1 time in the past year  
2 times in the past year  
3 or more times in the past year

1. Have you ever found you needed larger amounts of alcohol to feel any effect, or that you could no longer get high or drunk on the amount that used to get you high or drunk?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Have you ever felt that you needed alcohol or were dependent on alcohol?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Have you ever felt guilty about your drinking?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Has a doctor ever told you that your drinking was harming your health?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Have you ever gone to anyone for help to control your drinking?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Have you ever attended a meeting of Alcoholics Anonymous because of concern about your drinking?

No, never  
Yes, but not in the past year

Yes, in the past year

1. Have you ever sought professional help for your drinking (for example, spoken to a physician, psychologist, psychiatrist, alcoholism counselor, clergyman about your drinking)?

No, never  
Yes, but not in the past year

Yes, in the past year

## World Health Organization Alcohol, Smoking and Substance Involvement Screening Test V3.0 - modified

*[WHO ASSIST Working Group, 2002 – modified so that question 7 is using Likert-style response options instead of No, never; Yes, in the past 3 months; Yes, but not in the past 3 months]*

The next set of questions ask about tobacco products and other drugs. The questions ask about your experience using these substances across your lifetime and in the past three months. 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.

1. In your life, which of the following substances have you **ever used**? (Non-Medical Use Only)

|  |  |  |
| --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | No | Yes |
| Cannabis (marijuana, pot, grass, hash, etc.) | No | Yes |
| Cocaine (coke, crack, etc.) | No | Yes |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | No | Yes |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | No | Yes |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | No | Yes |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | No | Yes |
| Opioids (heroin, morphine, methadone, codeine, etc.) | No | Yes |

1. In the **past three months**, how often have you used any of the substances below? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. During the **past three months**, how often have you had a strong desire or urge to use any of the substances below? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. During the **past three months**, how often has your use of any of the substances below led to health, social, legal or financial problems? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. During the **past three months**, how often have you failed to do what was normally expected of you because of your use of any of the substances below? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. Has a friend or relative or anyone else **ever** expressed concern about your use of any of the substances below? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. Have you **ever** tried and failed to control, cut down or stop using any of the substances below? *[Show only substances selected Yes in Q1]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

1. Have you **ever** used any drug by injection? (Non-Medical Use Only)

No, never

Yes, in the past 3 months

Yes, but not in the past 3 months

## Symptom Checklist - 90

*[Derogatis, Lipman, & Covi, 1973; Derogatis, Rickels, & Rock, 1976; Dinning & Evans, 1977]*

The next set of questions contains a list of problems and complaints that people sometimes have. For each item on the list, select the answer that best describes how much you were bothered or distressed by that problem **during the past month**.

How bothered or distressed were you **during the past month** by ......

1. Headaches

Not at all A little bit Moderately Quite a bit Extremely

1. Nervousness or shakiness inside

Not at all A little bit Moderately Quite a bit Extremely

1. Unwanted thoughts, words, or ideas that won't leave your mind

Not at all A little bit Moderately Quite a bit Extremely

1. Faintness or dizziness

Not at all A little bit Moderately Quite a bit Extremely

1. Loss of sexual interest or pleasure

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling critical of others

Not at all A little bit Moderately Quite a bit Extremely

1. The idea that someone else can control your thoughts

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling others are to blame for most of your troubles

Not at all A little bit Moderately Quite a bit Extremely

1. Trouble remembering things

Not at all A little bit Moderately Quite a bit Extremely

1. Worried about sloppiness or carelessness

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling easily annoyed or irritated

Not at all A little bit Moderately Quite a bit Extremely

1. Pains in heart or chest

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling afraid in open spaces or on the streets

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling low in energy or slowed down

Not at all A little bit Moderately Quite a bit Extremely

1. Thoughts of ending your life

Not at all A little bit Moderately Quite a bit Extremely

1. Hearing voices that other people do not hear

Not at all A little bit Moderately Quite a bit Extremely

1. Trembling

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling that most people cannot be trusted

Not at all A little bit Moderately Quite a bit Extremely

1. Poor appetite

Not at all A little bit Moderately Quite a bit Extremely

1. Crying easily

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling shy or uneasy with the opposite sex

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling of being trapped or caught

Not at all A little bit Moderately Quite a bit Extremely

1. Suddenly scared for no reason

Not at all A little bit Moderately Quite a bit Extremely

1. Temper outbursts that you could not control

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling afraid to go out of your house alone

Not at all A little bit Moderately Quite a bit Extremely

1. Blaming yourself for things

Not at all A little bit Moderately Quite a bit Extremely

1. Pains in lower back

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling blocked in getting things done

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling lonely

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling blue

Not at all A little bit Moderately Quite a bit Extremely

1. Worrying too much about things

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling no interest in things

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling fearful

Not at all A little bit Moderately Quite a bit Extremely

1. Your feelings being easily hurt

Not at all A little bit Moderately Quite a bit Extremely

1. Other people being aware of your private thoughts

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling others do not understand you or are unsympathetic

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling that people are unfriendly or dislike you

Not at all A little bit Moderately Quite a bit Extremely

1. Having to do things very slowly to insure correctness

Not at all A little bit Moderately Quite a bit Extremely

1. Heart pounding or racing

Not at all A little bit Moderately Quite a bit Extremely

1. Nausea or upset stomach

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling inferior to others

Not at all A little bit Moderately Quite a bit Extremely

1. Soreness of your muscles

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling that you are watched or talked about by others

Not at all A little bit Moderately Quite a bit Extremely

1. Trouble falling asleep

Not at all A little bit Moderately Quite a bit Extremely

1. Having to check and double-check what you do

Not at all A little bit Moderately Quite a bit Extremely

1. Difficulty making decisions

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling afraid to travel on buses, subways, trains

Not at all A little bit Moderately Quite a bit Extremely

1. Trouble getting your breath

Not at all A little bit Moderately Quite a bit Extremely

1. Hot or cold spells

Not at all A little bit Moderately Quite a bit Extremely

1. Having to avoid certain things, places, or activities because they frighten you

Not at all A little bit Moderately Quite a bit Extremely

1. Your mind going blank

Not at all A little bit Moderately Quite a bit Extremely

1. Numbness or tingling in parts of your body

Not at all A little bit Moderately Quite a bit Extremely

1. A lump in your throat

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling hopeless about the future

Not at all A little bit Moderately Quite a bit Extremely

1. Trouble concentrating

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling weak in parts of your body

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling tense or keyed up

Not at all A little bit Moderately Quite a bit Extremely

1. Heavy feelings in your arms or legs

Not at all A little bit Moderately Quite a bit Extremely

1. Thoughts of death or dying

Not at all A little bit Moderately Quite a bit Extremely

1. Overeating

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling uneasy when people are watching or talking about you

Not at all A little bit Moderately Quite a bit Extremely

1. Having thoughts that are not your own

Not at all A little bit Moderately Quite a bit Extremely

1. Having urges to beat, injure, or harm someone

Not at all A little bit Moderately Quite a bit Extremely

1. Awakening in the early morning

Not at all A little bit Moderately Quite a bit Extremely

1. Having to repeat the same actions such as touching, counting, washing

Not at all A little bit Moderately Quite a bit Extremely

1. Sleep that is restless or disturbed

Not at all A little bit Moderately Quite a bit Extremely

1. Having urges to break or smash things

Not at all A little bit Moderately Quite a bit Extremely

1. Having ideas or beliefs that others do not share

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling very self-conscious with others

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling uneasy in crowds, such as shopping or at a movie

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling everything is an effort

Not at all A little bit Moderately Quite a bit Extremely

1. Spells of terror or panic

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling uncomfortable about eating or drinking in public

Not at all A little bit Moderately Quite a bit Extremely

1. Getting into frequent arguments

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling nervous when you are left alone

Not at all A little bit Moderately Quite a bit Extremely

1. Others not giving you proper credit for your achievements

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling lonely even when you are with people

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling so restless you couldn’t sit still

Not at all A little bit Moderately Quite a bit Extremely

1. Feelings of worthlessness

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling that familiar things are strange or unreal

Not at all A little bit Moderately Quite a bit Extremely

1. Shouting or throwing things

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling afraid you will faint in public

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling that people will take advantage of you if you let them

Not at all A little bit Moderately Quite a bit Extremely

1. Having thoughts about sex that bother you a lot

Not at all A little bit Moderately Quite a bit Extremely

1. The idea that you should be punished for your sins

Not at all A little bit Moderately Quite a bit Extremely

1. Feeling pushed to get things done

Not at all A little bit Moderately Quite a bit Extremely

1. The idea that something serious is wrong with your body

Not at all A little bit Moderately Quite a bit Extremely

1. Never feeling close to another person

Not at all A little bit Moderately Quite a bit Extremely

1. Feelings of guilt

Not at all A little bit Moderately Quite a bit Extremely

1. The idea that something is wrong with your mind

Not at all A little bit Moderately Quite a bit Extremely

## Intolerance of Uncertainty Scale - modified

*[Freeston, Rhéaume, Letarte, Dugas, & Ladouceur, 1994; Sexton & Dugas, 2009 – original scale uses a 5-point Likert scale with three anchors: Not at all characteristic of me; Somewhat characteristic of me; Entirely characteristic of me]*

In the next set of questions, you will find a series of statements which describe how people may react to the uncertainties of life. Please use the rating scale provided to indicate how well each statement describes you generally.

1. Uncertainty stops me from having a firm opinion.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Being uncertain means that a person is disorganized.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Uncertainty makes life intolerable.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. It's unfair not having any guarantees in life.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. My mind can't be relaxed if I don't know what will happen tomorrow.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Uncertainty makes me uneasy, anxious, or stressed.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Unforeseen events upset me greatly.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. It frustrates me not having all the information I need.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Uncertainty keeps me from living a full life.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. One should always look ahead so as to avoid surprises.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. A small unforeseen event can spoil everything, even with the best of planning.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When it's time to act uncertainty paralyses me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Being uncertain means that I am not first rate.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I am uncertain, I can't go forward.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I am uncertain, I can't function very well.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Unlike me, others always seem to know where they are going with their lives.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Uncertainty makes me vulnerable, unhappy, or sad

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I always want to know what the future has in store for me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I can't stand being taken by surprise.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. The smallest doubt can stop me from acting.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I should be able to organize everything in advance.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Being uncertain means that I lack confidence.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I think it's unfair that other people seem sure about their future.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Uncertainty keeps me from sleeping soundly.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I must get away from all uncertain situations.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. The ambiguities in life stress me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I can't stand being undecided about my future.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

## Anxiety Sensitivity Index - 3 - modified

*[Taylor et al., 2007 – Our Likert response options are slightly modified. Original response options are: very little (0), a little (1), some (2), much (3), very much (4)]*

In the next set of questions please read each statement and decide how well it describes you generally.

1. It is important not to appear nervous.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I cannot keep my mind on a task, I worry that I might be going crazy.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. It scares me when my heart beats rapidly.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When my stomach is upset, I worry that I might be seriously ill.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. It scares me when I am unable to keep my mind on a task.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I tremble in the presence of others, I fear what people might think of me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When my chest feels tight, I get scared that I won't be able to breathe properly.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I feel pain in my chest, I worry that I'm going to have a heart attack.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I worry that other people will notice my anxiety.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I feel "spacey" or spaced out I worry that I may be mentally ill.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. It scares me when I blush in front of people.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I notice my heart skipping a beat, I worry that there is something seriously wrong with me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I begin to sweat in a social situation, I fear people will think negatively of me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When my thoughts seem to speed up, I worry that I might be going crazy.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When my throat feels tight, I worry that I could choke to death.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I have trouble thinking clearly, I worry that there is something wrong with me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I think it would be horrible for me to faint in public.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When my mind goes blank, I worry there is something terribly wrong with me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

## Distress Tolerance Scale - modified

*[Simons & Gaher, 2005 – Our response options are slightly modified. Original response options are: Strongly disagree; Disagree; Agree and disagree equally; Agree; Strongly Agree]*

In the next set of questions, you will find a series of statements which describe how people may feel about being distressed or upset. Please use the rating scale provided to describe how well each statement describes you generally.

1. Feeling distressed or upset is unbearable to me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I feel distressed or upset, all I can think about is how bad I feel.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I can’t handle feeling distressed or upset.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. My feelings of distress are so intense that they completely take over.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. There’s nothing worse than feeling distressed or upset.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I can tolerate being distressed or upset as well as most people.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. My feelings of distress or being upset are not acceptable.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I’ll do anything to avoid feeling distressed or upset.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Other people seem to be able to tolerate feeling distressed or upset better than I can.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. Being distressed or upset is always a major ordeal for me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I am ashamed of myself when I feel distressed or upset.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. My feelings of distress or being upset scare me.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. I’ll do anything to stop feeling distressed or upset.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I feel distressed or upset, I must do something about it immediately.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

1. When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

## McMaster Family Assessment Device

*[Epstein, Baldwin, & Bishop, 1983]*

The next set of questions contains a number of statements about families. Please read each statement carefully and decide how well it describes your own family generally.

1. Planning family activities is difficult because we misunderstand each other.

Strongly disagree Disagree Agree Strongly agree

1. We resolve most everyday problems around the house.

Strongly disagree Disagree Agree Strongly agree

1. When someone is upset the others know why.

Strongly disagree Disagree Agree Strongly agree

1. When you ask someone to do something, you have to check that they did it.

Strongly disagree Disagree Agree Strongly agree

1. When someone is in trouble, the others become too involved.

Strongly disagree Disagree Agree Strongly agree

1. In time of crisis, we can turn to each other for support.

Strongly disagree Disagree Agree Strongly agree

1. We don't know what to do when an emergency comes up.

Strongly disagree Disagree Agree Strongly agree

1. We sometimes run out of things that we need.

Strongly disagree Disagree Agree Strongly agree

1. We are reluctant to show affection for each other.

Strongly disagree Disagree Agree Strongly agree

1. We make sure members meet their family responsibilities.

Strongly disagree Disagree Agree Strongly agree

1. We cannot talk to each other about the sadness we feel.

Strongly disagree Disagree Agree Strongly agree

1. We usually act on our decisions regarding problems.

Strongly disagree Disagree Agree Strongly agree

1. You only get the interest of others when something is important to them.

Strongly disagree Disagree Agree Strongly agree

1. You can't tell how a person is feeling from what they are saying.

Strongly disagree Disagree Agree Strongly agree

1. Family tasks don't get spread around enough.

Strongly disagree Disagree Agree Strongly agree

1. Individuals are accepted for what they are.

Strongly disagree Disagree Agree Strongly agree

1. You can easily get away with breaking the rules.

Strongly disagree Disagree Agree Strongly agree

1. People come right out and say things instead of hinting at them.

Strongly disagree Disagree Agree Strongly agree

1. Some of us just don't respond emotionally.

Strongly disagree Disagree Agree Strongly agree

1. We know what to do in an emergency.

Strongly disagree Disagree Agree Strongly agree

1. We avoid discussing our fears and concerns.

Strongly disagree Disagree Agree Strongly agree

1. It is difficult to talk to each other about tender feelings.

Strongly disagree Disagree Agree Strongly agree

1. We have trouble meeting our bills.

Strongly disagree Disagree Agree Strongly agree

1. After our family tries to solve a problem, we usually discuss whether it worked or not.

Strongly disagree Disagree Agree Strongly agree

1. We are too self- centered.

Strongly disagree Disagree Agree Strongly agree

1. We can express feelings to each other.

Strongly disagree Disagree Agree Strongly agree

1. We have no clear expectations about toilet habits.

Strongly disagree Disagree Agree Strongly agree

1. We do not show our love to each other.

Strongly disagree Disagree Agree Strongly agree

1. We talk to people directly rather than through go-betweens.

Strongly disagree Disagree Agree Strongly agree

1. Each of us has particular duties and responsibilities.

Strongly disagree Disagree Agree Strongly agree

1. There are lots of bad feelings in the family.

Strongly disagree Disagree Agree Strongly agree

1. We have rules about hitting people.

Strongly disagree Disagree Agree Strongly agree

1. We get involved with each other only when something interests us.

Strongly disagree Disagree Agree Strongly agree

1. There's little time to explore personal interests.

Strongly disagree Disagree Agree Strongly agree

1. We often don't say what we mean.

Strongly disagree Disagree Agree Strongly agree

1. We feel accepted for what we are.

Strongly disagree Disagree Agree Strongly agree

1. We show interest in each other when we can get something out of it personally.

Strongly disagree Disagree Agree Strongly agree

1. We resolve most emotional upsets that come up.

Strongly disagree Disagree Agree Strongly agree

1. Tenderness takes second place to other things in our family.

Strongly disagree Disagree Agree Strongly agree

1. We discuss who is to do household jobs.

Strongly disagree Disagree Agree Strongly agree

1. Making decisions is a problem for our family.

Strongly disagree Disagree Agree Strongly agree

1. Our family shows interest in each other only when they can get something out of it.

Strongly disagree Disagree Agree Strongly agree

1. We are frank with each other.

Strongly disagree Disagree Agree Strongly agree

1. We don't hold to any rules or standards.

Strongly disagree Disagree Agree Strongly agree

1. If people are asked to do something, they need reminding.

Strongly disagree Disagree Agree Strongly agree

1. We are able to make decisions about how to solve problems.

Strongly disagree Disagree Agree Strongly agree

1. If the rules are broken, we don't know what to expect.

Strongly disagree Disagree Agree Strongly agree

1. Anything goes in our family.

Strongly disagree Disagree Agree Strongly agree

1. We express tenderness.

Strongly disagree Disagree Agree Strongly agree

1. We confront problems involving feelings.

Strongly disagree Disagree Agree Strongly agree

1. We don't get along well together.

Strongly disagree Disagree Agree Strongly agree

1. We don't talk to each other when we are angry.

Strongly disagree Disagree Agree Strongly agree

1. We are generally dissatisfied with the family duties assigned to us.

Strongly disagree Disagree Agree Strongly agree

1. Even though we mean well, we intrude too much into each other’s lives.

Strongly disagree Disagree Agree Strongly agree

1. There are rules about dangerous situations.

Strongly disagree Disagree Agree Strongly agree

1. We confide in each other.

Strongly disagree Disagree Agree Strongly agree

1. We cry openly.

Strongly disagree Disagree Agree Strongly agree

1. We don’t have reasonable transport.

Strongly disagree Disagree Agree Strongly agree

1. When we don't like what someone has done, we tell them.

Strongly disagree Disagree Agree Strongly agree

1. We try to think of different ways to solve problems.

Strongly disagree Disagree Agree Strongly agree

## Multidimensional Personality Questionnaire Brief Form

*[Patrick, Curtin, & Tellegen, 2002]*

In the next set of questions, you will find a series of statements a person might use to describe her/his attitudes, opinions, interests, and other characteristics.

For each statement select if it is generally true or false for you. Please select an answer for every statement even if you are not completely sure which answer is right for you. Read each statement carefully, but don't spend too much time deciding on the answer.

1. It is easy for me to become enthusiastic about things I am doing.

False True

1. I am quite effective at talking people into things.

False True

1. Some people say that I put my work ahead of too many other things.

False True

1. I have occasionally felt discouraged about something.

False True

1. I usually like to spend my free time with friends rather than alone.

False True

1. Often, I get irritated at little annoyances.

False True

1. Many people try to push me around.

False True

1. Often when I get angry, I am ready to hit someone.

False True

1. I like to stop and think things over before I do them.

False True

1. I am often nervous for no reason.

False True

1. I might enjoy riding in an open elevator to the top of a tall building under construction.

False True

1. I don't like to see religious authority overturned by so-called progress and logical reasoning.

False True

1. I can be deeply moved by a sunset.

False True

1. My table manners are not always perfect.

False True

1. I enjoy being in the spotlight.

False True

1. I set very high standards for myself in my work.

False True

1. When I am unhappy about something…

I tend to seek the company of a friend.

I prefer to be alone.

1. My mood often goes up and down

False True

1. I know that certain people would enjoy if I got hurt.

False True

1. When someone hurts me, I try to get even.

False True

1. I am more likely to be fast and careless than to be slow and plodding.

False True

1. It might be fun and exciting to be in an earthquake.

False True

1. Strict discipline in the home would prevent much of the crime in our society.

False True

1. When listening to organ music or other powerful music, I sometimes feel as if I am being lifted into the air.

False True

1. I have always been extremely courageous in facing difficult situations.

False True

1. I often feel happy and satisfied for no particular reason.

False True

1. I often keep working on a problem even if I am very tired.

False True

1. I am usually happier when I am alone.

False True

1. I suffer from nervousness.

False True

1. People often try to take advantage of me.

False True

1. I admit that I sometimes enjoy hurting someone physically.

False True

1. Basically, I am a happy person.

False True

1. I often prefer to "play things by ear" rather than to plan ahead.

False True

1. Of these two situations, I would dislike more…

Having a pilot announce that the plane has engine trouble, and it may be necessary to make an emergency landing.

Working in the fields digging potatoes.

1. The best way to achieve a peaceful world is to improve people's morals.

False True

1. Sometimes thoughts and images come to me without any effort on my part.

False True

1. At times I have been envious of someone.

False True

1. I live a very interesting life.

False True

1. People find me forceful.

False True

1. I am a warm person rather than cool and distant.

False True

1. I often find myself worrying about something.

False True

1. People often say mean things about me.

False True

1. I see nothing wrong with stepping on people's toes a little if it is to my advantage.

False True

1. When faced with a decision I usually take time to consider and weigh all possibilities.

False True

1. I usually do not like to be a "follower."

False True

1. I would enjoy trying to cross the ocean in a small but seaworthy sailboat.

False True

1. I am opposed to more censorship of books and movies because it would go against free speech.

False True

1. If I wish I can imagine (or daydream) some things so vividly that it's like watching a good movie or hearing a good story.

False True

1. My opinions are always completely reasonable.

False True

1. Every day I do some things that are fun.

False True

1. When I work with others, I like to take charge.

False True

1. People say that I drive myself hard.

False True

1. I am too sensitive for my own good.

False True

1. My "friends" have often betrayed me.

False True

1. I enjoy a good brawl.

False True

1. I am very level-headed and usually have both feet on the ground.

False True

1. Of these two situations I would dislike more…

Having to walk around all day on a blistered foot.

Sleeping out on a camping trip in an area where there are rattlesnakes.

1. It is a pretty unfeeling person who does not feel love and gratitude toward her/his parents.

False True

1. Sometimes I can change noise into music by the way I listen to it.

False True

1. If I have a humiliating experience, I get over it very quickly.

False True

1. I have at times eaten too much.

False True

1. I usually find ways to liven up my day.

False True

1. In most social situations I like to have someone else take the lead.

False True

1. I am not a terribly ambitious person.

False True

1. I am more of a "loner" than most people.

False True

1. I would be more successful if people did not make things difficult for me.

False True

1. Sometimes I hit people who have done something to deserve it.

False True

1. I almost never do anything reckless.

False True

1. Of these two situations I would dislike more…

Being out on a sailboat during a great storm at sea

Having to stay home every night for two weeks with a sick relative.

1. I would prefer to see…

Stricter observance of major religious holidays.

Greater acceptance of nontraditional families, like single-parent families.

1. I can often somehow sense the presence of another person before I actually see or hear her/him.

False True

1. I have always been completely fair to others.

False True

1. People rarely try to take advantage of me.

False True

1. Most mornings the day ahead looks bright to me.

False True

1. I am very good at influencing people.

False True

1. I enjoy putting in long hours.

False True

1. For me one of the best experiences is the warm feeling of being in a group of good friends.

False True

1. Occasionally I have strong feelings (like anxiety or anger) without really knowing why.

False True

1. I would rather turn the other cheek than get even when someone treats me badly.

False True

1. I often act on the spur of the moment.

False True

1. Of these two situations, I would dislike more…

Being at the circus when two lions suddenly get loose down in the ring.

Bringing my whole family to the circus and then not being able to get in because a clerk sold me tickets for the wrong night.

1. Higher standards of conduct are what this country needs most.

False True

1. The sound of a voice can be so fascinating to me that I can just go on listening to it.

False True

1. I have at times been angry with someone.

False True

1. Most days I have moments of real fun or joy.

False True

1. I often act without thinking.

False True

1. When it is time to make decisions, others usually turn to me.

False True

1. I often keep working on a problem long after others would have given up.

False True

1. I prefer to work alone.

False True

1. Minor setbacks sometimes irritate me too much.

False True

1. People often just use me instead of treating me as a person.

False True

1. I don't like to start a project until I know exactly how to do it.

False True

1. Of these two situations I would dislike more…

Riding a long stretch of rapids in a canoe.

Waiting for someone who's late.

1. I am disgusted by dirty language.

False True

1. Some music reminds me of pictures or changing patterns of color.

False True

1. I always tell the entire truth.

False True

1. I often feel sort of lucky for no special reason.

False True

1. I do not like to be the center of attention on social occasions.

False True

1. I work just hard enough to get by without overdoing it.

False True

100. I have few or no close friends.

False True

101. I sometimes get very upset and tense as I think of the day's events.

False True

102. Some people are against me for no good reason.

False True

103. I can't help but enjoy it when someone I dislike makes a fool of herself/himself.

False True

104. I seldom feel really happy

False True

105. Of these two situations I would dislike more…

Being chosen as the "target" for a knife-throwing act.

Being sick to my stomach for 24 hours.

106. No decent person could ever think of hurting a close friend or relative.

False True

107. I can so completely wander off into my own thoughts while doing a routine task that I actually forget that I am doing the task and then find a few minutes later that I have finished it.

False True

108. Sometimes I'm a bit lazy.

False True

109. Every day interesting and exciting things happen to me.

False True

110. I am quite good at convincing others to see things my way.

False True

111. I push myself to my limits.

False True

112. I am happiest when I am with people most of the time.

False True

113. I am often troubled by guilt feelings.

False True

114. I know that people have spread false rumors about me on purpose.

False True

115. I like to watch a good, vicious fight.

False True

116. Before I get into a new situation, I like to find out what to expect from it.

False True

117. I perform for an audience whenever I can.

False True

118. I am not at all sorry to see many of the traditional values change.

False True

119. I can sometimes recall certain past experiences in my life so clearly and vividly that it is like living them again, or almost so.

False True

120. Never in my whole life have I taken advantage of anyone.

False True

121. In my spare time I usually find something interesting to do.

False True

122. In social situations I usually allow others to dominate the conversation.

False True

123. I like to try difficult things.

False True

124. I prefer not to "open up" too much, not even to friends.

False True

125. My mood sometimes changes from happy to sad, or sad to happy, without good reason.

False True

126. I have often been lied to.

False True

127. Sometimes I just like to hit someone.

False True

128. I am a cautious person.

False True

129. Of these two situations I would dislike more…

Being in a flood.

Carrying a ton of bricks from the backyard into the basement.

130. At times I somehow feel the presence of someone who is not physically there.

False True

131. I have sometimes felt slightly hesitant about helping someone who asked me to.

False True

132. My feelings are hurt rather easily.

False True

133. For me life is a great adventure.

False True

134. I do not like to organize other people's activities.

False True

135. I find it really hard to give up on a project when it proves too difficult.

False True

136. I often prefer not to have people around me.

False True

137. I often lose sleep over my worries.

False True

138. When people are friendly, they usually want something from me.

False True

139. When people insult me, I try to get even.

False True

140. I usually make up my mind through careful reasoning.

False True

141. Of these two situations I would dislike more…

Being seasick every day for a week while on an ocean voyage.  
 Having to stand on the window ledge of the 25th floor of a hotel because there's a fire in my room.

142. People should obey moral laws more strictly than they do.

False True

143. I have never felt that I was better than someone else.

False True

144. I always seem to have something exciting to look forward to.

False True

145. I don't enjoy trying to convince people of something.

False True

146. I like hard work.

False True

147. Never in my whole life have I wished for anything that I was not entitled to.

False True

148. I am rather aloof and maintain distance between myself and others.

False True

149. There are days when I'm "on edge" all of the time.

False True

150. I have had a lot of bad luck.

False True

151. Sometimes I seem to enjoy hurting people by saying mean things.

False True

152. I generally do not like to have detailed plans.

False True

153. It might be fun learning to walk a tightrope.

False True

154. High moral standards are the most important thing parents can teach their children.

False True

155. Sometimes I am so immersed in nature or in art that I feel as if my whole state of consciousness has somehow been temporarily changed.

False True

# Intake Survey

## Penn Alcohol Craving Scale

*[Flannery, Volpicelli, & Pettinati, 2009]*

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**.

1. 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

1. 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

1. 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

1. 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

1. 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 - modified

*[McKiernan, Cloud, Patterson, Wolf, Golder, & Besel, 2011 – Modified directions to use scale to ask about past month instead of past week.]*

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**.

1. When I am in agony because of stopping or withdrawing from alcohol use

Not at all Not very Moderately Very Extremely

1. When I have a headache

Not at all Not very Moderately Very Extremely

1. When I am feeling depressed

Not at all Not very Moderately Very Extremely

1. When I am on vacation and want to relax

Not at all Not very Moderately Very Extremely

1. When I am concerned about someone

Not at all Not very Moderately Very Extremely

1. When I am very worried

Not at all Not very Moderately Very Extremely

1. When I have the urge to try just one drink and see what happens

Not at all Not very Moderately Very Extremely

1. When I am being offered a drink in a social situation

Not at all Not very Moderately Very Extremely

1. When I dream about taking a drink

Not at all Not very Moderately Very Extremely

1. When I want to test my willpower over drinking

Not at all Not very Moderately Very Extremely

1. When I am feeling a physical need or craving for alcohol

Not at all Not very Moderately Very Extremely

1. When I am physically tired

Not at all Not very Moderately Very Extremely

1. When I am experiencing some physical pain or injury

Not at all Not very Moderately Very Extremely

1. When I feel like blowing up because of frustration

Not at all Not very Moderately Very Extremely

1. When I see others drinking at a bar or at a party

Not at all Not very Moderately Very Extremely

1. When I sense everything is going wrong for me

Not at all Not very Moderately Very Extremely

1. When people I used to drink with encourage me to drink

Not at all Not very Moderately Very Extremely

1. When I am feeling angry inside

Not at all Not very Moderately Very Extremely

1. When I experience an urge or impulse to take a drink that catches me unprepared

Not at all Not very Moderately Very Extremely

1. When I am excited or celebrating with others

Not at all Not very Moderately Very Extremely

## Monthly Addiction Monitor

*[In house measure developed by John Curtin and the Addiction Research Center to assess an individual’s life situation and alcohol recovery efforts.]*

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

If other, please specify \_\_\_\_\_\_\_

1. Do you live alone? *[Show if Independent selected in Q1]*

No

Yes

1. Who do you live with? Check all that apply. *[Show if No selected in Q2]*

Spouse/Significant Other

Child/Grandchild  
Parent  
Other Relative

Non-Relative

1. You selected that you live with a child/grandchild. How many children/grandchildren live in your household? *[Show if child/grandchild selected in Q3]*

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

You selected that you live with a parent. How many parents live in your household? *[Show if parent selected in Q3]*

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

You selected that you live with another relative. How many other relatives live in your household? *[Show if other relative selected in Q3]*

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

You selected that you live with a non-relative. How many non-relatives live in your household? *[Show if non-relative selected in Q3]*

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

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. How many individual alcohol and drug abuse counseling sessions have you attended in the past 30 days? *[Show if Yes selected in Q10]*

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

1. How many group alcohol and drug abuse counseling sessions have you attended in the past 30 days (not including AA or NA meetings)? *[Show if Yes selected in Q10]*

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

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. How many days have you attended other counseling in the past 30 days? *[Show if Yes selected in Q14]*

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

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. On how many days did you take your medication directly as prescribed in the past 30 days? *[Show if Yes selected in Q20]*

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

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

1. On how many days did you take other psychiatric medication directly as prescribed in the past 30 days? *[Show if Yes selected in Q22]*

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

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

1. Is your goal still to remain abstinent in the future?

No

Uncertain

Yes

1. 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

## Depression Anxiety Stress Scale - 21 - modified

*[Lovibond & Lovibond, 1995; Henry & Crawford, 2005 – Modified response anchors from numeric version: 0; 1; 2; 3; 4]*

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

1. I found it hard to wind down

Never Sometimes Often Almost always

1. I was aware of dryness of my mouth

Never Sometimes Often Almost always

1. I couldn't seem to experience any positive feeling at all

Never Sometimes Often Almost always

1. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)

Never Sometimes Often Almost always

1. I found it difficult to work up the initiative to do things

Never Sometimes Often Almost always

1. I tended to over-react to situations

Never Sometimes Often Almost always

1. I experienced trembling (e.g., in the hands)

Never Sometimes Often Almost always

1. I felt that I was using a lot of nervous energy

Never Sometimes Often Almost always

1. I was worried about situations in which I might panic and make a fool of myself

Never Sometimes Often Almost always

1. I felt that I had nothing to look forward to

Never Sometimes Often Almost always

1. I found myself getting agitated

Never Sometimes Often Almost always

1. I found it difficult to relax

Never Sometimes Often Almost always

1. I felt down-hearted and blue

Never Sometimes Often Almost always

1. I was intolerant of anything that kept me from getting on with what I was doing

Never Sometimes Often Almost always

1. I felt I was close to panic

Never Sometimes Often Almost always

1. I was unable to become enthusiastic about anything

Never Sometimes Often Almost always

1. I felt I wasn't worth much as a person

Never Sometimes Often Almost always

1. I felt that I was rather touchy

Never Sometimes Often Almost always

1. 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)

Never Sometimes Often Almost always

1. I felt scared without any good reason

Never Sometimes Often Almost always

1. I felt that life was meaningless

Never Sometimes Often Almost always

## Perceived Stress Scale - 10

*[Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988]*

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**.

1. How often have you been upset because of something that happened unexpectedly?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that you were unable to control the important things in your life?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt nervous and "stressed"?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt confident about your ability to handle your personal problems?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that things were going your way?

Never Almost never Sometimes Fairly often Very Often

1. How often have you found that you could not cope with all the things that you had to do?

Never Almost never Sometimes Fairly often Very Often

1. How often have you been able to control irritations in your life?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that you were on top of things?

Never Almost never Sometimes Fairly often Very Often

1. How often have you been angered because of things that were outside of your control?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt difficulties were piling up so high that you could not overcome them?

Never Almost never Sometimes Fairly often Very Often

## Quality of Life Scale - modified

*[Based on the Quality of Life Scale (Flanagan, 1978) but heavily adapted in regard to both questions and response options by John Curtin and the Addiction Research Center.]*

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**.

1. How satisfied are you with your overall of quality of life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your physical health?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your mental health?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your sleep?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your ability to perform your daily living activities?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your capacity for work?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with yourself?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your personal relationships?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your sex life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your opportunities for leisure activities?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the support you get from your friends?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the conditions of your living place (e.g., your house, apartment)?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the conditions of your neighborhood?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your access to health services?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your access to transportation?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your ability to concentrate?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your energy for everyday life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

## Dyadic Adjustment Scale

*[Spanier, 1976]*

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.

1. Are you currently in a relationship with a spouse, boyfriend/girlfriend, or significant other? *[If No skip to end of DAS]*

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.

1. Handling family finances

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Matters of recreation

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Religious matters

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Demonstrations of affection

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Friends

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Sex relations

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Conventionality (correct or proper behavior)

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Philosophy of life

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Ways of dealing with parents or in-laws

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Aims, goals, and things believed important

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Amount of time spent together

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Making major decisions

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Household tasks

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Leisure time interests and activities

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Career decisions

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. How often do you discuss or have considered divorce, separation, or terminating your relationship?

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you or your mate leave the house after a fight?

Never Rarely Occasionally More often than not Most of the time All of the time

1. In general, how often do you think that things between you and your partner are going well?

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you confide in your mate?

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you ever regret that you married? (or lived together)

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you and your partner quarrel?

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you and your mate "get on each other's nerves?"

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you kiss your mate?

Never Rarely Occasionally Almost every day Every day

1. 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?

1. Have a stimulating exchange of ideas

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Laugh together

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Calmly discuss something

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Work together on a project

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

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.

1. Being too tired for sex

No

Yes

1. Not showing love

No

Yes

1. 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

Very happy

Extremely happy

Perfect

1. 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

*[Zimet, Dahlem, Zimet, & Farley, 1988]*

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.

1. There is a special person who is around when I am in need.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. There is a special person with whom I can share my joys and sorrows.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My family really tries to help me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I get the emotional help and support I need from my family.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I have a special person who is a real source of comfort to me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My friends really try to help me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can count on my friends when things go wrong.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can talk about my problems with my family.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I have friends with whom I can share my joys and sorrows.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. There is a special person in my life who cares about my feelings.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My family is willing to help me make decisions.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can talk about my problems with my friends.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

# Follow-up 1-2 Survey

## Penn Alcohol Craving Scale

*[Flannery, Volpicelli, & Pettinati, 2009]*

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**.

1. 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

1. 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

1. 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

1. 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

1. 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 - modified

*[McKiernan, Cloud, Patterson, Wolf, Golder, & Besel, 2011 – Modified directions to use scale to ask about past month instead of past week.]*

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**.

1. When I am in agony because of stopping or withdrawing from alcohol use

Not at all Not very Moderately Very Extremely

1. When I have a headache

Not at all Not very Moderately Very Extremely

1. When I am feeling depressed

Not at all Not very Moderately Very Extremely

1. When I am on vacation and want to relax

Not at all Not very Moderately Very Extremely

1. When I am concerned about someone

Not at all Not very Moderately Very Extremely

1. When I am very worried

Not at all Not very Moderately Very Extremely

1. When I have the urge to try just one drink and see what happens

Not at all Not very Moderately Very Extremely

1. When I am being offered a drink in a social situation

Not at all Not very Moderately Very Extremely

1. When I dream about taking a drink

Not at all Not very Moderately Very Extremely

1. When I want to test my willpower over drinking

Not at all Not very Moderately Very Extremely

1. When I am feeling a physical need or craving for alcohol

Not at all Not very Moderately Very Extremely

1. When I am physically tired

Not at all Not very Moderately Very Extremely

1. When I am experiencing some physical pain or injury

Not at all Not very Moderately Very Extremely

1. When I feel like blowing up because of frustration

Not at all Not very Moderately Very Extremely

1. When I see others drinking at a bar or at a party

Not at all Not very Moderately Very Extremely

1. When I sense everything is going wrong for me

Not at all Not very Moderately Very Extremely

1. When people I used to drink with encourage me to drink

Not at all Not very Moderately Very Extremely

1. When I am feeling angry inside

Not at all Not very Moderately Very Extremely

1. When I experience an urge or impulse to take a drink that catches me unprepared

Not at all Not very Moderately Very Extremely

1. When I am excited or celebrating with others

Not at all Not very Moderately Very Extremely

## Monthly Addiction Monitor

*[In house measure developed by John Curtin and the Addiction Research Center to assess an individual’s life situation and alcohol recovery efforts.]*

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

If other, please specify \_\_\_\_\_\_\_

1. Do you live alone? *[Show if Independent selected in Q1]*

No

Yes

1. Who do you live with? Check all that apply. *[Show if No selected in Q2]*

Spouse/Significant Other

Child/Grandchild  
Parent  
Other Relative

Non-Relative

1. You selected that you live with a child/grandchild. How many children/grandchildren live in your household? *[Show if child/grandchild selected in Q3]*

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

You selected that you live with a parent. How many parents live in your household? *[Show if parent selected in Q3]*

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

You selected that you live with another relative. How many other relatives live in your household? *[Show if other relative selected in Q3]*

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

You selected that you live with a non-relative. How many non-relatives live in your household? *[Show if non-relative selected in Q3]*

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

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. How many individual alcohol and drug abuse counseling sessions have you attended in the past 30 days? *[Show if Yes selected in Q10]*

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

1. How many group alcohol and drug abuse counseling sessions have you attended in the past 30 days (not including AA or NA meetings)? *[Show if Yes selected in Q10]*

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

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. How many days have you attended other counseling in the past 30 days? *[Show if Yes selected in Q14]*

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

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. On how many days did you take your medication directly as prescribed in the past 30 days? *[Show if Yes selected in Q20]*

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

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

1. On how many days did you take other psychiatric medication directly as prescribed in the past 30 days? *[Show if Yes selected in Q22]*

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

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

1. Is your goal still to remain abstinent in the future?

No

Uncertain

Yes

1. 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

## World Health Organization Alcohol, Smoking and Substance Involvement Screening Test V3.0 - modified

*[WHO ASSIST Working Group, 2002 – items 2 and 3 from the WHO ASSIST. Questions are modified to ask about substance use and cravings over the past month instead of the past three months.]*

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.

1. In the **past month**, how often have you used any of the substances below? (Non-medical use only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Other  Please specify \_\_\_\_\_\_\_ | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tobacco products (cigarettes, chewing tobacco, cigars, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis (marijuana, pot, grass, hash, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cocaine (coke, crack, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Inhalants (nitrous, glue, petrol, paint thinner, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Opioids (heroin, morphine, methadone, codeine, etc.) | Never | Once or twice | Monthly | Weekly | Daily or almost daily |
| Other  Please specify \_\_\_\_\_\_\_ | Never | Once or twice | Monthly | Weekly | Daily or almost daily |

## Depression Anxiety Stress Scale - 21 - modified

*[Lovibond & Lovibond, 1995; Henry & Crawford, 2005 – Modified response anchors from numeric version: 0; 1; 2; 3; 4]*

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

1. I found it hard to wind down

Never Sometimes Often Almost always

1. I was aware of dryness of my mouth

Never Sometimes Often Almost always

1. I couldn't seem to experience any positive feeling at all

Never Sometimes Often Almost always

1. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)

Never Sometimes Often Almost always

1. I found it difficult to work up the initiative to do things

Never Sometimes Often Almost always

1. I tended to over-react to situations

Never Sometimes Often Almost always

1. I experienced trembling (e.g., in the hands)

Never Sometimes Often Almost always

1. I felt that I was using a lot of nervous energy

Never Sometimes Often Almost always

1. I was worried about situations in which I might panic and make a fool of myself

Never Sometimes Often Almost always

1. I felt that I had nothing to look forward to

Never Sometimes Often Almost always

1. I found myself getting agitated

Never Sometimes Often Almost always

1. I found it difficult to relax

Never Sometimes Often Almost always

1. I felt down-hearted and blue

Never Sometimes Often Almost always

1. I was intolerant of anything that kept me from getting on with what I was doing

Never Sometimes Often Almost always

1. I felt I was close to panic

Never Sometimes Often Almost always

1. I was unable to become enthusiastic about anything

Never Sometimes Often Almost always

1. I felt I wasn't worth much as a person

Never Sometimes Often Almost always

1. I felt that I was rather touchy

Never Sometimes Often Almost always

1. 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)

Never Sometimes Often Almost always

1. I felt scared without any good reason

Never Sometimes Often Almost always

1. I felt that life was meaningless

Never Sometimes Often Almost always

## Perceived Stress Scale - 10

*[Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988]*

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**.

1. How often have you been upset because of something that happened unexpectedly?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that you were unable to control the important things in your life?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt nervous and "stressed"?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt confident about your ability to handle your personal problems?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that things were going your way?

Never Almost never Sometimes Fairly often Very Often

1. How often have you found that you could not cope with all the things that you had to do?

Never Almost never Sometimes Fairly often Very Often

1. How often have you been able to control irritations in your life?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt that you were on top of things?

Never Almost never Sometimes Fairly often Very Often

1. How often have you been angered because of things that were outside of your control?

Never Almost never Sometimes Fairly often Very Often

1. How often have you felt difficulties were piling up so high that you could not overcome them?

Never Almost never Sometimes Fairly often Very Often

## Quality of Life Scale - modified

*[Based on the Quality of Life Scale (Flanagan, 1978) but heavily adapted in regard to both questions and response options by John Curtin and the Addiction Research Center.]*

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**.

1. How satisfied are you with your overall of quality of life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your physical health?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your mental health?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your sleep?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your ability to perform your daily living activities?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your capacity for work?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with yourself?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your personal relationships?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your sex life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your opportunities for leisure activities?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the support you get from your friends?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the conditions of your living place (e.g., your house, apartment)?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with the conditions of your neighborhood?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your access to health services?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your access to transportation?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your ability to concentrate?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

1. How satisfied are you with your energy for everyday life?

Very dissatisfied Dissatisfied Neither satisfied or dissatisfied Satisfied Very satisfied

## Dyadic Adjustment Scale

*[Spanier, 1976]*

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.

1. Are you currently in a relationship with a spouse, boyfriend/girlfriend, or significant other? *[If No skip to end of DAS]*

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.

1. Handling family finances

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Matters of recreation

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Religious matters

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Demonstrations of affection

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Friends

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Sex relations

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Conventionality (correct or proper behavior)

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Philosophy of life

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Ways of dealing with parents or in-laws

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Aims, goals, and things believed important

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Amount of time spent together

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Making major decisions

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Household tasks

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Leisure time interests and activities

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. Career decisions

Always disagree

Almost always disagree

Frequently disagree

Occasionally disagree

Almost always agree

Always agree

1. How often do you discuss or have considered divorce, separation, or terminating your relationship?

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you or your mate leave the house after a fight?

Never Rarely Occasionally More often than not Most of the time All of the time

1. In general, how often do you think that things between you and your partner are going well?

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you confide in your mate?

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you ever regret that you married? (or lived together)

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you and your partner quarrel?

Never Rarely Occasionally More often than not Most of the time All of the time

1. How often do you and your mate "get on each other's nerves?"

Never Rarely Occasionally More often than not Most of the time All of the time

1. Do you kiss your mate?

Never Rarely Occasionally Almost every day Every day

1. 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?

1. Have a stimulating exchange of ideas

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Laugh together

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Calmly discuss something

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

1. Work together on a project

Never

Less than once a month

Once or twice a month

Once or twice a week

Once a day

More often

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.

1. Being too tired for sex

No

Yes

1. Not showing love

No

Yes

1. 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

Very happy

Extremely happy

Perfect

1. 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

*[Zimet, Dahlem, Zimet, & Farley, 1988]*

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.

1. There is a special person who is around when I am in need.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. There is a special person with whom I can share my joys and sorrows.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My family really tries to help me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I get the emotional help and support I need from my family.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I have a special person who is a real source of comfort to me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My friends really try to help me.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can count on my friends when things go wrong.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can talk about my problems with my family.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I have friends with whom I can share my joys and sorrows.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. There is a special person in my life who cares about my feelings.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. My family is willing to help me make decisions.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

1. I can talk about my problems with my friends.

Very strongly disagree

Strongly disagree

Mildly disagree

Neutral

Mildly agree

Strongly agree

Very strongly agree

## Acceptability Questionnaire

*[In house questionnaire developed by John Curtin and the Addiction Research Center to assess the level of participant acceptability for each personal sensing measure.]*

These questions ask 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.**

1. The wristband interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked wearing the wristband.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. The sleep monitor interfered with my sleep.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked using the sleep monitor.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. Completing the daily surveys interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked completing the daily surveys.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to complete four daily surveys a day for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to complete one daily survey a day for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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 during the last month.**

1. Responding to the daily recovery check-in interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked responding to the daily recovery check-in.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to respond to a daily recovery check-in for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

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

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

1. Carrying the iPhone everywhere interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked carrying the iPhone everywhere.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to carry the iPhone everywhere for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. I disliked having my location tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to have my location tracked by study staff for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. I disliked having my text message logs (i.e., dates, times, and phone number of contact for text messages) tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked having my text message content (i.e., the actual text message information itself) tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

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

# Follow-up 3 Survey

## Acceptability Questionnaire

*[In house questionnaire developed by John Curtin and the Addiction Research Center to assess the level of participant acceptability for each personal sensing measure.]*

These questions ask 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.**

1. The wristband interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked wearing the wristband.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. The sleep monitor interfered with my sleep.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked using the sleep monitor.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. Completing the daily surveys interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked completing the daily surveys.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to complete four daily surveys a day for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to complete one daily survey a day for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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 during the last month.**

1. Responding to the daily recovery check-in interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked responding to the daily recovery check-in.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to respond to a daily recovery check-in for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

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

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

1. Carrying the iPhone everywhere interfered with my daily activities.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked carrying the iPhone everywhere.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to carry the iPhone everywhere for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. I disliked having my location tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I would be willing to have my location tracked by study staff for one year if it helped with my recovery.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.**

1. I disliked having my text message logs (i.e., dates, times, and phone number of contact for text messages) tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. I disliked having my text message content (i.e., the actual text message information itself) tracked by study staff.

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

Strongly disagree Disagree Undecided Agree Strongly Agree

1. 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.

Strongly disagree Disagree Undecided Agree Strongly Agree

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

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

# Ecological Momentary Assessment

*[Participants were expected to complete four EMAs each day. The first EMA prompt was programmed to occur shortly after the participant’s normal wake-up time. The second EMA prompt occurred at a random time between wake-up and their midday, but at least one hour after their first EMA. The third EMA prompt occurred at a random time between their midday and one hour before bedtime, and the fourth EMA prompt occurred shortly before the participant’s normal bedtime. The EMA survey is an in-house measure developed by John Curtin and the Addiction Research Center.]*

1. Have you drank any alcohol that you have not yet reported?

No

Yes

*[If Yes selected show questions 1.1 – 1.5]*

* 1. Please indicate the date of the first drink that you have not yet reported.
  2. Please select the hour of the first drink that you have not yet reported.
  3. Please indicate the date of the last drink that you have not yet reported.
  4. Please select the hour of the last drink that you have not yet reported.
  5. Is your goal still to remain abstinent in the future?

No

Uncertain

Yes

1. Since your last survey, how intense was your **greatest urge** to drink alcohol?

No urges Mild Moderate Strong

0 1 2 3 4 5 6 7 8 9 10 11 12

1. Since your last survey, did you encounter any **risky situations** (people, places, or things)? If yes, rate the intensity of the situation. If you experienced more than one **risky situation**, rate the most intense one.

No risks Mild Moderate Strong

0 1 2 3 4 5 6 7 8 9 10 11 12

1. Since your last survey, has a **hassle or stressful** event occurred? If yes, rate the intensity of the event. If you experienced more than one **hassle or stressful** event, rate the most intense one.

No events Mild Moderate Strong

0 1 2 3 4 5 6 7 8 9 10 11 12

1. Since your last survey, has a **pleasant or positive** event occurred? If yes, rate the intensity of the event. If you experienced more than one **pleasant or positive** event, rate the most intense one.

No events Mild Moderate Strong

0 1 2 3 4 5 6 7 8 9 10 11 12

1. How are you **feeling** right now?

Unpleasant/unhappy Pleasant/happy

1. 2 3 4 5 6 7 8 9 10 11
2. How are you **feeling** right now?

Calm/sleepy Aroused/alert

1. 2 3 4 5 6 7 8 9 10 11
2. How likely are you to encounter risky situations (people, places, or things) within the next week? *[Q8 only on morning survey (i.e., first survey of the day)]*

Very unlikely Unlikely Likely Very likely

1. 2 3 4 5 6 7 8 9 10 11
2. How likely are you to encounter a stressful event within the next week? *[Q9 only on morning survey (i.e., first survey of the day)]*

Very unlikely Unlikely Likely Very likely

1. 2 3 4 5 6 7 8 9 10 11
2. How likely are you to drink any alcohol within the next week? *[Q10 only on morning survey (i.e., first survey of the day)]*

Very unlikely Unlikely Likely Very likely

1 2 3 4 5 6 7 8 9 10 11

# Interview Form

*[This form was developed by John Curtin and the Addiction Research Center to guide study staff in administering in-person semi-structured interviews with participants at intake and monthly follow-up visits. All questions should be completed at intake and information updated as needed at each follow-up visit.]*

## Home Location and Environment

1. Enter participant’s home address.

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

1. Is your home a place where you used to spend time drinking?

No

Yes

1. In the future, do you generally expect to have alcohol in your home?

No

Yes

1. How would you describe your environment?

Pleasant Unpleasant Mixed Neutral

1. Does being in your home put you at any risk to begin drinking? *[If no, mark “No risk”; if yes, indicate if the risk is “Low risk”, “Medium risk”, or “High risk”.]*

No risk Low risk Medium risk High risk

## Emotionally Important Days

*[Ask the participant to identify emotionally important recurrent days that put them at risk to begin drinking again. These days should occur during their participation in the study (e.g., next 90 days). Example days include holidays, birthdays, anniversaries (particularly anniversaries that mark traumatic events, such as a death of a loved one or a major car accident), or other milestones for alcohol or other drugs (such as sobriety anniversary). Repeat these questions for all days identified.]*

1. Type of day

Holiday

Birthday

Anniversary

Sobriety anniversary

Financial

Other: \_\_\_\_\_\_\_

1. Date

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

## Weekly Time Periods

*[Ask the participant to think about their typical week. Have the participant list each time-period during the day that puts them at increased risk to drink. These times are “risky” time-periods. In turn, are there any specific time-periods during the participant’s week that they can identify as protective, meaning they are confident that they would not drink during this time? Be sure to specify the time-period and day of the week that it occurs. Repeat questions for all reported time periods.]*

1. Type of time period

Work hours

After work hours

School hours

Weekends

Volunteer activities

Fitness activities

Church or other weekly religious or spiritual event

Hobby

Other: \_\_\_\_\_\_\_

1. Day of the week

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

1. Time period

Start: \_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_

1. Is this time period risky or protective?

Risky

Protective

## Planned Vacations

*[Ask the participant if they have any vacations planned while they will be participating in the study. Record each vacation period below. Indicate the start and end date for each vacation period. Also indicate if the vacation is in town or out of town. If the location is out of town, indicate the city and state of the vacation location. Repeat questions for all planned vacations.]*

1. Dates

Start: \_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_

1. Is this vacation in or out of town?

In town

Out of town

1. Out of town location *[Report if “Out of town” selected in Q2]*

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

## Frequently Visited Locations

*[Repeat questions for all frequently visited locations.]*

1. Address

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

1. Type of place

Work

School

Volunteer

Health care

Home of a friend

Home of a family member

Liquor store

Errands (e.g., grocery store, post office)

Coffee shop or café

Restaurant

Park

Bar

Gym or fitness center

AA or recovery meeting

Religious location (e.g., church, mosque, temple)

Other: \_\_\_\_\_\_\_

1. Have you drank alcohol here before?

No

Yes

1. Is alcohol available here?

No

Yes

1. How would you describe your experiences here?

Pleasant Unpleasant Mixed Neutral

1. Does being at this location put you at any risk to begin drinking? *[If no, mark “No risk”; if yes, indicate if the risk is “Low risk”, “Medium risk”, or “High risk”.]*

No risk Low risk Medium risk High risk

1. Did the participant identify this place as a risky location they are trying to avoid now that they are sober?

No

Yes

## Frequently Communicated with Contacts

*[Repeat questions for all frequently communicated with contacts.]*

1. Phone number

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

1. Type of relationship

Self

Spouse or significant other

Aunt or uncle

Child

Cousin

Grandparent

Parent

Sibling

Other family member

Friend

Co-worker or business contact

Counselor

Social worker or case manager

Irrelevant or spam

Other

1. Have you drank alcohol with this person?

Never/almost never Occasionally Almost always/always

1. What is their drinking status?

Drinker

Non-drinker

Don’t know

1. Would you expect them to drink in your presence?

No

Yes

Uncertain

1. Are they currently in recovery from alcohol or other substances?

No

Yes

Don’t know

1. Do they know about your recovery goals and if so are they supportive?

Supportive Unsupportive Mixed Neutral Don’t know

1. How would you describe your typical experience with this person?

Pleasant Unpleasant Mixed Neutral