

Thank you for participating in this University of Pennsylvania anonymous survey. We would like to examine the Internet and cell phone use of people attending outpatient alcohol and substance use treatment programs.

First, some basic questions about you....

- 1) How old are you? _____
- 2) Do you identify as:
 Female Male Transgender Intersex Other
- 3) Are you of Latino origin or descent, such as Mexican, Puerto Rican, Cuban?
 Yes No
- 4) Please specify your ethnicity: (Check all that apply)
 White
 Black or African American
 Native American or American Indian
 Asian / Pacific Islander
 Other
- 5) What is your marital status?
 Single, never married
 Married or domestic partnership
 Widowed
 Divorced
 Separated
- 6) What is the highest degree or level of school you have completed?
 Did not complete high school
 High school graduate or GED certificate
 Two year associate degree
 Four year college or university degree (Bachelors)
 Postgraduate or professional degree, including master's, doctorate, medical or law degree (e.g., MA, MS, PhD, MD, JD)
- 7) Are you currently:
 Employed
 Out of work and looking for work
 Out of work but not currently looking for work
 Unable to work
 A homemaker
 A student
 Retired
- 8) Last year, what was your total family income from all sources, before taxes?
 Less than \$10,000 \$10,000 to \$29,999 \$30,000 to \$49,999 Over \$50,000

Now, some questions about your Cellphone and Internet Use

- 9) Do you regularly (weekly) use a mobile/cell phone?
 Yes Yes, but not weekly No
- 10) Do you own this phone?
 Yes No
- a) Is this phone a Smartphone?
 Yes No
- b) What type of contract do you have for your cell phone?
 Pay-as-you-go Yearly contract I do not have a mobile/cell phone
- c) How often have you changed mobile/cell phones in the past year?
 Never One time 2 times 3 times More than 3 times
- d) Do you have unlimited calls on your mobile/cell phone plan?
 Yes No I do not have a mobile/cell phone
- e) Do you have unlimited text on your mobile/cell phone plan?
 Yes No I do not have a mobile/cell phone
- 11) Do you regularly (weekly) **send and receive text messages**?
 Yes Yes, but not weekly No
- 12) Do you regularly (weekly) use **email**?
 Yes Yes, but not weekly No
- 13) Do you regularly (weekly) use the **Internet (go online)**?
 Yes Yes, but not weekly No
- 14) **How** do you typically access the Internet (go online)?
 I use my cellphone or smartphone
 I go online where I live
 I go online at the library I go online at a friend or family members home
 I go online at church or a community center
 Other
 I don't go online
- 15) Do you regularly (weekly) use a **computer**?
 Yes Yes, but not weekly No
- 16) Do you have a **social media account**? (ex: Facebook, Twitter)
 Yes No

17) How **often** do you use **social media** (ex: Facebook, Twitter)

- Daily Weekly Monthly Yearly I don't use social media

18) What **do** you do on **social media**? (Check all that apply)

- Share photos or videos
- Instant message
- Share updates about yourself
- Meet new people
- See updates about others
- Watch videos others post
- News and information
- Stay in touch with friends and family
- Find funny or entertaining content
- I don't use social media

19) Which **social media accounts do you have**? (Check all that apply)

- Facebook
- Twitter
- Google+ (Google Plus)
- Instagram
- Tumblr
- Pinterest
- Snapchat
- LinkedIn
- MySpace
- YikYak
- Other: _____
- I don't use social media

20) How often have you **seen drug cues**—things that made you want to use drugs **on social media**?

- Always Very often Sometimes Rarely Never I don't use social media

21) How often have you seen **recovery information** on **social media**?

- Always Very often Sometimes Rarely Never I don't use social media

22) Have you **posted** information on social media about being in **recovery**?

- Yes No

23) Do you think social media would be a good place to **receive** information to help you avoid relapse?

- Yes No

We are in the process of developing an online program to help people while they are in outpatient treatment. We would like to know the best way to provide this program to someone like you.

24) How should we provide this online program? (check all you would use)

- Website Social Media Texting Cell phone app

a) Would you join an online support group to help you during your recovery?

- Yes No

b) Would you join a Facebook support group to help you during your recovery?

- Yes No

c) Would you sign up to receive text messages to help you during your recovery?

- Yes No

d) Would you use an app placed on your phone to help your recovery from alcohol or substance use?

- Yes No

25) Would you allow your social media account(s) to be monitored if it could prevent you from relapsing?

- Yes No

Finally, please tell us about your past alcohol and drug use

26) What was/is your drug of choice?

- Alcohol
 Opiates
 Cocaine
 Amphetamines
 Marijuana
 Other: _____

27) How often do you have a drink containing alcohol?

- Never
 Monthly or less
 2-4 times a month
 2-3 times a week
 4 or more times a week

28) How many standard drinks containing alcohol did/do you have on a typical day?

- None
 1 or 2
 3 or 4
 5 or 6
 7 to 9
 10 or more

29) How often did/do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

30) How long have you been in your current outpatient treatment program? _____

a) How long have you been in your current recovery residence? _____

b) How long have you considered yourself to be in recovery? _____

These questions refer to the past 12 months

31) Have you used drugs other than those required for medical reasons? Yes No

32) Do you abuse more than one drug at a time? Yes No

33) Are you always able to stop using drugs when you want to? Yes No
 Never used drugs

34) Have you had "blackouts" or "flashbacks" as a result of drug use? Yes No

35) Do you ever feel bad or guilty about your drug use? Yes No
 Never used drugs

36) Does your spouse (or family) ever complain about your involvement with drugs? Yes No

37) Have you neglected your family because of your use of drugs? Yes No

38) Have you engaged in illegal activities in order to get drugs? Yes No

39) Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No

40) Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? Yes No

