

## Medical Assisted Treatment Clinic Group Survey

1. Gender:
  - ☐ Male
  - ☐ Female
  - ☐ Non-binary
  - ☐ Prefer not to answer
2. Age:
  - ☐ 18-24
  - ☐ 25-34
  - ☐ 35-44
  - ☐ 45-54
  - ☐ 55-64
  - ☐ 65 or over
3. Race/Ethnicity: (Select all that apply)
  - ☐ Asian/Pacific Islander
  - ☐ Black or African American
  - ☐ Hispanic/Latinx
  - ☐ Native American
  - ☐ White
  - ☐ Other:
4. What is the highest level of education you have attained?
  - ☐ Less than high school
  - ☐ High school or GED
  - ☐ Some college
  - ☐ College degree
  - ☐ Post college degree
  - ☐ Prefer not to answer
5. Overall would you say that you are content with your current situation.
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to say
6. Do you have a family history of alcohol use disorder?
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer
7. Do you have a family history of illegal substance use disorder?
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer
8. Do you have a family history of prescription substance use disorder?
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer
9. Do you have a history of depression?
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer

10. Do you have a history of ADD, OCD, bipolar disorder, or schizophrenia?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

11. As a child, were you forced to have a sexual experience?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

12. Do you have a personal history of alcohol use disorder?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

13. Do you have a personal history of illegal substance use disorder?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

14. Do you have a personal history of prescription substance use disorder?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

15. How old were you when you first had a drink of alcohol? (if you have never had a drink of alcohol skip to question 21).

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> <10     | <input type="checkbox"/> 31 – 45 |
| <input type="checkbox"/> 11 – 15 | <input type="checkbox"/> 46 – 65 |
| <input type="checkbox"/> 16 – 20 | <input type="checkbox"/> >65     |
| <input type="checkbox"/> 21 – 30 |                                  |

16. What type of alcohol was it?

- ☐ Beer
- ☐ Wine
- ☐ Liquor

17. Who gave it to you?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Yourself    | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Friend         |
| <input type="checkbox"/> Grandparent |   |

18. Please check three feelings that best describe how alcohol made you *feel* when you first drank it?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Euphoria       | <input type="checkbox"/> Sick      |
| <input type="checkbox"/> Happiness      | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad       |
| <input type="checkbox"/> Well-being     | <input type="checkbox"/> Nothing   |
| <input type="checkbox"/> Normal         |                                    |

19. How long after your first experience with alcohol did you drink alcohol again?

- |  |   |
|--|---|
| <input type="checkbox"/> Immediately     | <input type="checkbox"/> Years          |
| <input type="checkbox"/> Days to weeks   | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> Weeks to months |   |

18. Have you ever been in treatment for alcohol use disorder? (if you answer no skip to #21)

- ☐ Yes  
☐ No  
☐ Prefer not to answer

19. In your own words, describe your motivations for drinking alcohol right before you entered your first treatment program for alcohol use disorder.

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20. If you could name one factor that was the turning point in your recovery, what was it?

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21. How old were you when you took an opioid for the first time? (If you have never taken an opioid for any reason you are done with this survey).

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> <10     | <input type="checkbox"/> 31 – 45 |
| <input type="checkbox"/> 11 – 15 | <input type="checkbox"/> 46 – 65 |
| <input type="checkbox"/> 16 – 20 | <input type="checkbox"/> >65     |
| <input type="checkbox"/> 21 – 30 |                                  |

22. What medication was it?

- ☐ Codeine with Tylenol (Tylenol #3 or #4)  
☐ Fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)  
☐ Heroin  
☐ Hydrocodone (Hysingla, Zohydro ER)  
☐ Hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)  
☐ Hydromorphone (Dilaudid, Exalgo)  
☐ Meperidine (Demerol)  
☐ Methadone (Dolophine, Methadose)  
☐ Oxycodone (Roxicodone)  
☐ Oxycodone/acetaminophen (Percocet)  
☐ Other: \_\_\_\_\_  
☐ Don't remember

23. Who gave it to you?

- ☐ Physician
- ☐ Dentist
- ☐ Parent
- ☐ Relative

- ☐ Friend
- ☐ Acquaintance
- ☐ Other: \_\_\_\_\_

24. For what reason did you take it?

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25. Please check three feelings that best describe how the opioid made you *feel* when you first used it/them?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Euphoria       | <input type="checkbox"/> Weak        |
| <input type="checkbox"/> Happiness      | <input type="checkbox"/> Loveable    |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Good enough |
| <input type="checkbox"/> Well-being     | <input type="checkbox"/> Sick        |
| <input type="checkbox"/> Normal         | <input type="checkbox"/> Depressed   |
| <input type="checkbox"/> Numb           | <input type="checkbox"/> Sad         |
| <input type="checkbox"/> Relief         | <input type="checkbox"/> Nothing     |
| <input type="checkbox"/> Accepted       | <input type="checkbox"/> Focused     |
| <input type="checkbox"/> Strong         |                                      |

26. How long after your first experience with opioids did you use them again?

- ☐ Immediately
- ☐ Days to weeks
- ☐ Weeks to months
- ☐ Years
- ☐ Don't remember

27. In your own words, describe your motivations for using opioids right before you entered your first treatment program for opioid abuse.

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28. If you could name one factor that was the turning point in your recovery, what was it?

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Thank you for participating!