

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**

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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



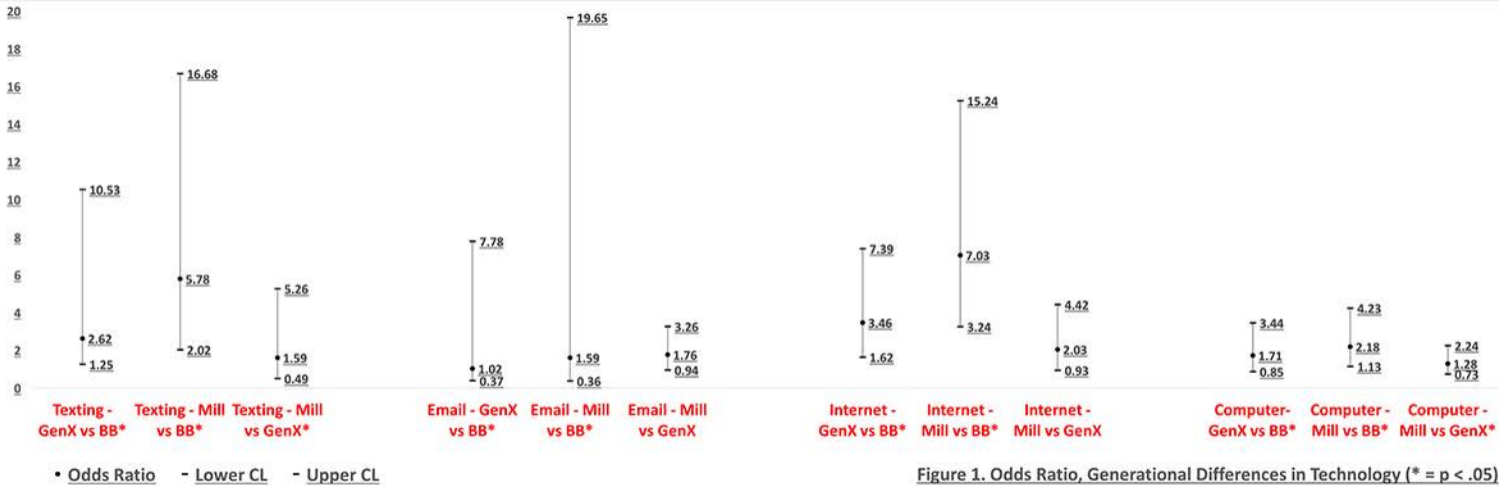


Figure 1. Odds Ratio, Generational Differences in Technology (\* = p < .05)