

## Families Living with Addiction and Recovery

### 1. Introduction

#### WELCOME

We are excited to conduct the first nationwide survey designed to document the lives of family members of people in addiction and recovery from alcohol and other drugs. While much is known about the many costs of addiction and problematic drug use, we know very little about what happens to family members of those using or in recovery. The purpose of this study is to gather information about the experiences of family members.

#### WHO SHOULD COMPLETE THE SURVEY?

Anyone who considers themselves a **family member, friend or loved one** of a person who uses or is in recovery from alcohol and other drugs problems is encouraged to complete the survey. Although the term “family” is used in this survey, this is interpreted broadly to include not only partners, parents, siblings and children of people with substance use problems, but also other intimates. If substance use has affected several loved ones, please consider the relationship that has affected you the most. Additionally, if you know other people who may also be interested in sharing their experiences for this important project, please send them the survey link and encourage them to participate. Thanks for your help!

If you are not a family member, friend or loved one, but a service provider, please answer the questions that you find relevant- and, based on your expertise, please feel free to provide comments at the end if you want to share stories.

#### ABOUT THE SURVEY

Participation in this survey is voluntary and anonymous. Please note that none of the questions are compulsory. Please answer as many questions as you feel comfortable completing - some questions may be personal and intrusive to some. You may refuse to take part in the research or exit the survey at any time. You are free to decline to answer any particular question you do not wish to answer for any reason. However, all the questions are related to scientific measurements of your experiences. The survey takes about 30 minutes to complete.

#### NEED TO CONTACT US?

Email us at: [c.andersson@shu.ac.uk](mailto:c.andersson@shu.ac.uk)

## Families Living with Addiction and Recovery

### 2. Statement of Consent

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalised.

The procedure involves filling out a survey that will take approximately 30 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address. However, you may voluntarily choose to leave your contact details at the end of the survey if you are interested in being involved with further research.

Your information is confidential as all data are stored in a password protected electronic format. The results of this study will be used for scholarly purposes only and may be shared with Sheffield Hallam University, Alcohol Research UK and Adfam representatives.

This research has been reviewed according to Sheffield Hallam University ethics procedures for research involving human subjects.

Any issues regarding consent can be directed to the lead researcher Dr. Catrin Andersson who can be contacted by email: [c.andersson@shu.ac.uk](mailto:c.andersson@shu.ac.uk)

#### \* 1. Electronic Consent

Checking the "Agree" box below indicates that:

- You have read and understood the above information
- You voluntarily agree to participate
- You are at least 18 years of age

I have read and fully understood all the above information and agree to participate in this survey



## Families Living with Addiction and Recovery

### 3. Basic Information

2. Are you male or female?

- Male
- Female
- Other

3. What is your age? (years)

4. What is your postcode?

5. What is your highest educational qualification? (choose one)

- Postgraduate/Degree level
- A or AS levels
- GCSE or O levels
- Some secondary school
- Regulated (e.g., apprenticeship)
- Vocational Qualification
- Other (please specify)

6. What is your current marital status? (choose one)

- Now married or living with a partner
- Single and divorced, separated, or widowed
- Single and never married

7. How would you describe your ethnic status?

8. Which one best describes your employment status? (choose one)

- Employed full-time
- Employed part-time
- Unemployed
- Student
- Retired
- Disability living allowance
- Self-employed
- Volunteer
- Other (please specify)

9. If you are employed how many hours do you work per week on average? (enter number of hours)

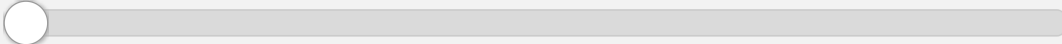
10. Do you have any dependent children?

- No
- Yes

11. How many of your children are under 18? (Please enter number of children under 18)

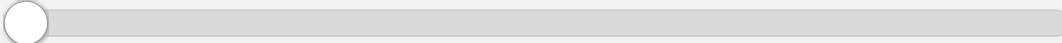
12. How would you rate your physical health status in the past four weeks?

0 (Poor) 5 10 (Good)



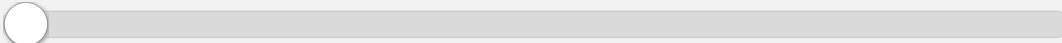
13. How would you rate your psychological health status in the past four weeks?

0 (Poor) 5 10 (Good)



14. How would you rate your quality of life in the past four weeks?

0 (Poor) 5 10 (Good)



15. Are you currently receiving help or treatment for emotional or mental health problems (e.g. therapy, counselling, medication)?

- No
- Yes

16. Have you EVER been treated for an emotional or mental health problem?

- No
- Yes

17. If you answered "Yes" to Question 16, was it **before**, **during** or **after** the family addiction issue? (select all that apply)

- Before
- During
- After

18. When the loved one was in **ACTIVE ADDICTION** or **PROBLEMATICALLY USING**, what did he/she use problematically? (select all that apply)

- Alcohol
- Illicit drugs
- 'Legal highs'
- Gambling
- Prescription drugs
- Other behaviours that caused problems (please specify):

19. Please specify primary substance used:

20. What is your relationship to the user?

21. For how long did he/she use drugs and/or alcohol problematically? (enter years, if under 1 year, enter 1)

22. Which category best describes how he/she defines him/herself now, with respect to prior alcohol and/or drug use? (choose one)

- In recovery
- Recovered
- Ex-addict or alcoholic
- Used to have an alcohol or drug problem, but don't any more
- In medication-assisted recovery
- Returned to using

23. If relevant, thinking of the answer you provided to the previous question, how long has he/she been in recovery/recovered? (enter duration in months)

24. Has he/she ever gone to a treatment program such as detox, methadone clinic, detox, community alcohol or drug service, or rehab to deal with drugs and/or alcohol problems?

No

Yes

## Families Living with Addiction and Recovery

### 4. Events and experiences when your family member was in **ACTIVE ADDICTION**

Please indicate which of the following events/situations you and/or your family member experienced/engaged in while they were in **ACTIVE ADDICTION**.

(Please choose either "Yes" or "No" for BOTH you AND your family member, if not applicable please check "No")

#### 25. Had debts

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 26. Had bad credit

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 27. Were bankrupt

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 28. Couldn't pay bills

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



29. Lost custody of children (other than through divorce)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Participated in family activities

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Planned for the future (e.g. saving for retirement and taking vacations)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Regained child custody from child protection or foster care

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Was victim of family violence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Was perpetrator of family violence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Volunteered in community and/or civic group

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Exercised regularly

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Experienced untreated emotional/mental health problems

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Had frequent Accident & Emergency Room visits (other than for any ongoing medical/mental condition)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Had frequent use of health care services (e.g. hospitals, clinics , detox)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Got regular dental check-ups

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Had a GP

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Had healthy eating habits/good nutrition

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Used tobacco products (e.g. smoke cigarettes or cigar, snuff)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Took care of your health (e.g. got regular medical check-ups, sought help if needed)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Got arrested

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Damaged property (yours and/or other's, e.g. cars)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Drove under the influence of alcohol and/or other drugs

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Got driving licence back

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Lost/suspended driving licence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Had no involvement with criminal justice system

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Completed probation/parole

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Restored professional or occupational licence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Served jail or prison time

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Dropped out of school

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Got fired/suspended from work

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Frequently missed work or school

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Furthered education and/or training

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Got good job/performance evaluations

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Lost professional or occupational license

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Started own business

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Was steadily employed

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Did any other significant event, good or bad, happen to you while your family member was in **ACTIVE ADDICTION**? (250 characters or less)

## Families Living with Addiction and Recovery

### 5. Events and experiences when your family member was in **RECOVERY**

Please indicate which of the following events/situations you and/or your family member experienced/engaged in **SINCE THEY CAME INTO RECOVERY**.

(Please choose either "Yes" or "No" for BOTH you AND your family member, if not applicable please check "No").

#### 63. Had debts

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 64. Had bad credit

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 65. Were bankrupt

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 66. Couldn't pay bills

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Lost custody of children (other than through divorce)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Participated in family activities

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Planned for the future (e.g. saving for retirement and taking vacations)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Regained child custody from child protection or foster care

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Was victim of family violence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. Was perpetrator of family violence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Volunteered in community and/or civic group

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

74. Exercised regularly

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. Experienced untreated emotional/mental health problems

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. Had frequent Accident & Emergency Room visits (other than for any ongoing medical/mental condition)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77. Had frequent use of health care services (e.g. hospitals, clinics , detox)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. Got regular dental check-ups

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. Had a GP

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80. Had healthy eating habits/good nutrition

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



81. Used tobacco products (e.g. smoke cigarettes or cigar, snuff)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82. Took care of your health (e.g. got regular medical check-ups, sought help if needed)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. Got arrested

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84. Damaged property (yours and/or other's, e.g. cars)

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. Drove under the influence of alcohol and/or other drugs

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86. Got driving licence back

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87. Lost/suspended driving licence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. Had no involvement with criminal justice system

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89. Completed probation/parole

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. Restored professional or occupational licence

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. Served jail or prison time

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. Dropped out of school

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

93. Got fired/suspended from work

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94. Frequently missed work or school

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95. Furthered education and/or training

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96. Got good job/performance evaluations

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. Lost professional or occupational license

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98. Started own business

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99. Was steadily employed

	No	Yes	Not applicable
Loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. Did any other significant event, good or bad, happen to your family member/you during their **RECOVERY**? (250 characters or less)



## Families Living with Addiction and Recovery

### 6. Your Recovery

101. Do you see yourself as being in recovery? (choose one)

- Yes
- No
- Don't know

If you answered 'Yes', from what are you recovering from?

102. What does recovery mean for you?

103. What strategies have you used to start your own recovery journey?

104. Have these strategies been successful to your recovery?

- Yes
- No
- Don't know



## Families Living with Addiction and Recovery

### 7. Loss & Grief Management

105. This section asks questions about if you have suffered a death or a bereavement of a loved one. If you have not, please skip to question 106.

*We understand that this is a difficult and sensitive subject. If you feel the need to speak to somebody or would like help and advice, there is a section at the end of the survey that lists a number of services and helplines.*

Please rate each of the following statements listed below, reflecting how strongly you disagree or agree:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I feel able to face the pain which comes with loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. For me, it is difficult to switch off thoughts about the person I have lost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel very aware of my inner strength when faced with grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I believe that I must be brave in the face of loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that I will always carry the pain of grief with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. For me, it is important to keep my grief under control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Life has less meaning for me after this loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I think its best just to get on with life after a loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It may not always feel like it but I do believe that I will come through this experience of grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Families Living with Addiction and Recovery

### 8. Stress Part A

The questions in this scale ask you about your feelings and thoughts during your family member's **ACTIVE ADDICTION**.

106. Please rate each of the following statements listed below reflecting how often you felt or thought in a certain way:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. How often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Families Living with Addiction and Recovery

### 9. Stress Part B

The questions in this scale ask you about your feelings and thoughts **during the last month**.

107. Please rate each of the following statements listed below reflecting how often you felt or thought in a certain way:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Never

Almost Never

Sometimes

Fairly Often

Very Often

8. In the last month, how often have you felt that you were on top of things?

9. In the last month, how often have you been angered because of things that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

## Families Living with Addiction and Recovery

### 10. Quality of Life

This assessment asks how you feel about your quality of life, health, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns.

We ask that you answer these questions thinking about **THE LAST TWO WEEKS OF YOUR LIFE.**

108. Thinking about the last two weeks of your life, please rate each of the following statements listed below, reflecting how satisfied you are.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1. How would you rate your quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109. Thinking about the last two weeks of your life, please rate each of the following statements listed below:

	Not at all	A little	A moderate amount	Very much	An extreme amount
1. To what extent do you feel that physical pain prevents you from doing what you need to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much do you need any medical treatment to function in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How much do you enjoy life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. To what extent do you feel your life to be meaningful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

110. Thinking about the last two weeks of your life, please rate each of the following statements listed below:

	Not at all	A little	A moderate amount	Very much	Extremely
1. How well are you able to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How safe do you feel in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How healthy is your physical environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

111. Thinking about the last two weeks of your life, please rate each of the following statements listed below:

	Not at all	A little	Moderately	Mostly	Completely
1. Do you have enough energy for everyday life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you able to accept your bodily appearance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you enough money to meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How available to you is the information that you need in your day-to-day life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. To what extent do you have the opportunity for leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How well are you able to get around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

112. Thinking about the last two weeks of your life, please rate each of the following statements listed below:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1. How satisfied are you with your sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with your ability to perform your daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with your capacity for work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you with yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How satisfied are you with your personal relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How satisfied are you with your sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How satisfied are you with the support you get from your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How satisfied are you with the conditions of your living place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How satisfied are you with your access to health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How satisfied are you with your transport?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. Thinking about the last two weeks of your life, how often do you have negative feelings such as blue mood, despair, anxiety, depression? (choose one)

- Never
- Seldom
- Quite often
- Very often
- Always

## Families Living with Addiction and Recovery

### 11. Help Seeking

114. This section is about use of support groups and help seeking; please indicate the extent to which you have engaged with each form of help.

	Have you ever attempted to access this form of help?	Have you ever received this form of help or support?	Do you currently receive support from this source?	Are you satisfied with the support you have received from this source?
Online information and advice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support group: 12-step (Alanon, Fam-anon etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support group: other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary care (GP, practice nurses etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
One-to-one help from family support service (standalone, in treatment service or carers centre)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured intervention (CRAFT, 5-step, MPACT etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other family members	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

## Families Living with Addiction and Recovery

### 12. Completion

115. How long did this survey take you to complete? (enter number of minutes)

116. Please share any information or any stories you might have regarding your experiences and/or recovery journey.

Thank You

Thank you again for your input on the Mapping the Recovery Journeys of Family Members of Problem Alcohol Users: A Survey of Life in Recovery for Families project led by Professor David Best at Sheffield Hallam University and [Adfam](#), which is funded by Alcohol Research UK.

Please contact [c.andersson@shu.ac.uk](mailto:c.andersson@shu.ac.uk) if you have any questions or concerns.

If you are feeling distressed after completing this survey, or just want more information about how to get support, please note below contact information and websites for a number of support services. For general support, the following organisations have helplines:

**Al-Anon family support: 020 7403 0888**

**Drinkline: 0300 123 1110**

**Families Anonymous: 0845 1200 660**

**DrugFAM: 0300 888 3853**

**Samaritans: 116 123**

**National Domestic Violence Helpline: 0808 2000 247**

If you are experiencing distress from the loss of loved one, we can direct you to the following bereavement service helpline:

**Cruse Bereavement Care: 0808 808 1677**

**BEAD (Bereaved through Alcohol and Drugs)** is a project run by [Adfam](#). For more information, see website:

[http://www.adfam.org.uk/professionals/latest\\_information\\_and\\_events/current\\_projects/bereavement](http://www.adfam.org.uk/professionals/latest_information_and_events/current_projects/bereavement)

For more information about these services, including a more thorough list of services, please go to [Adfam's](#) website: [http://www.adfam.org.uk/families/find\\_a\\_local\\_support\\_group/call\\_a\\_helpline](http://www.adfam.org.uk/families/find_a_local_support_group/call_a_helpline)