



2013 Membership Survey

Every two years we attempt to gather information about our members, and the time to gather that information is now! Some may wonder why we want this information and how we use it. One of the aims of the NAWS Vision Statement is that NA is viewed as a “viable program of recovery.” With members from 50 countries attending the world convention in Philadelphia, and members around the world participating from their homes, we have an opportunity to demonstrate that we are, indeed, a viable and respected recovery community resource. Presenting ourselves in this way helps us offer hope to others that they, too, can recover. We encourage each member to spread the word of the Membership Survey to their friends. We would like as many members throughout NA worldwide to participate.

1a. Country of residence (Check **one** only)

- a. USA
- b. Canada
- c. Japan
- d. United Kingdom
- e. Brazil
- f. Sweden
- g. Russia
- h. Other: _____

1b. State/Province of residence (if applicable)

2. Gender

- a. Male
- b. Female
- c. Other: _____

3. Age _____ years

4. Race

- a. Black (of African descent)
- b. White (Caucasian; or of European descent)
- c. Latino, Hispanic
- d. Asian (including Indian subcontinent)
or Pacific Islander
- e. Indigenous
- f. Multi-racial
- g. Other: _____

5. Highest educational level completed

- a. High school/Secondary school
- b. Trade school/Two-year degree
- c. College/University degree
- d. Advanced University degree
- e. None of the above

6a. Employment status (Check **one** only)

- a. Homemaker (go to #7a)
- b. Employed full-time
- c. Employed part-time
- d. Retired (go to #7a)
- e. Unemployed (go to #7a)
- f. Student

- 6b. Primary type of work** (Check **one** only)
- a. Manager/Administrator
 - b. Educator
 - c. Medical/Health Professional
 - d. Addiction Treatment Professional
 - e. Other Professional (government, finance, etc.)
 - d. Technical/IT Professional
 - g. Sales/Marketing
 - h. Craft Worker/Artisan/Trade
 - i. Laborer/Service Industry
 - j. Clerical/Administrative Assistant
 - k. Transportation Industry
 - l. Other (including self-employed)

7a. Do you have a sponsor now?

- a. Yes
- b. No

7b. Are you sponsoring others?

- a. Yes
- b. No

8. What service commitments do you have in NA?

(Check **any** that apply)

- a. Hospitals and Institutions (H&I)
- b. Public Information/Public Relations (PI/PR) and/or Phonelines
- c. Meeting (secretary, treasurer, coffeemaker, etc.)
- d. Area service
- e. Regional service
- f. World service
- g. None

9. How often do you usually attend NA meetings?

(Please answer **one** only)

- Weekly: _____ times
- Monthly: _____ times
- Yearly: _____ times

10a. Do you attend meetings of any other twelve-step fellowships?

- a. Yes (If yes, go to #10b)
- b. No (Go to #11)

10b. Which twelve-step fellowships do you attend?
(Check **any** that apply)

- a. AA
- b. CA
- c. GA
- d. OA
- e. Nar-Anon
- f. Al-Anon
- g. Other: _____

11. Do you have any family members in a twelve-step recovery program?

- a. Yes
- b. No

12a. Which drug was the MAIN drug you used?

(Only check **one**)

- a. Alcohol
- b. Cannabis (pot, hashish, etc.)
- c. Cocaine
- d. Crack
- e. Ecstasy
- f. Tranquilizers (Klonopin, Valium, Xanax, etc.)
- g. Hallucinogens (LSD, PCP, etc.)
- h. Inhalants (glue, nitrous oxide, etc.)
- i. Opiates (heroin, morphine, etc.)
- j. Opioids (Oxycodone, Vicodin, Fentanyl, etc.)
- k. Stimulants (speed, crystal meth, etc.)
- l. Methadone/Buprenorphine
- m. Prescribed medication



19. Before beginning your recovery in NA, were you...

(Check **any** that apply)

- a. Employed?
- b. Able to retain your own place of residence?
- c. Capable of supporting your family?
- d. Maintaining family relationships?
- e. Able to preserve a committed, intimate relationship?
- f. None of the above

20. Since coming to NA, what areas in your life have improved? (Check **any** that apply)

- a. Stable housing
- b. Employment
- c. Education advancement
- d. Social connectedness
- e. Family relationships
- f. Hobbies/Interests

21a. Are you currently taking prescribed medication?

- a. Yes
- b. No
- c. Choose not to answer

21b. What are you taking this medication for?

(Check **any** that apply)

- a. Mental health issues (depression, anxiety, bipolar, etc.)
- b. Short-term medical condition (surgery, broken bones, dental work, etc.)
- c. Chronic health condition (Hepatitis C, AIDS, cancer, etc.)
- d. Drug replacement (methadone, suboxone, buprenorphine, etc., used to treat addiction)
- e. Medical maintenance of health issues (blood pressure, thyroid, hormone replacement, etc.)
- f. Other: _____

