2015 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 “A Vision for NA Service” is that NA is viewed as a “viable program of recovery.” With members from several countries attending the world convention in Rio de Janeiro, 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. ☐ Brazil
   b. ☐ USA
   c. ☐ Canada
   d. ☐ United Kingdom
   e. ☐ Argentina
   f. ☐ Uruguay
   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

12b. What drugs did you use at any time on a regular basis? (Check any that apply)
     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
     n. □ Other: _________________________________
13. When is your clean date?
   _______ _______ _________
   Month   Day   Year

14. When was your first NA meeting?
   _______ _______ Year
   Month   ___

15a. Have you returned to using drugs at any time since you began recovery in NA?
   a. ☐ Yes (If yes, go to #15b)
   b. ☐ No (Go to #16)

15b. If yes, how many times have you relapsed?______

15c. At the time of your relapse(s), were you (check any that may apply):
   a. ☐ Actively attending meetings
   b. ☐ Maintaining contact with a sponsor
   c. ☐ Being of service to NA

16. Check the three most influential entities in your decision to come to your first NA meeting
   (Please check only three)
   a. ☐ NA member
   b. ☐ NA literature
   c. ☐ NA service efforts (H&l, PSA, Phoneline)
   d. ☐ Correctional facility
   e. ☐ Nar-Anon member
   f. ☐ AA member or group
   g. ☐ Treatment facility/Counseling agency
   h. ☐ Family
   i. ☐ Non-NA friend or neighbor
   j. ☐ Healthcare provider
   k. ☐ Court order/Drug court
   l. ☐ Probation or parole officer
   m. ☐ Employer or fellow worker
   n. ☐ Newspaper, magazine, radio, or TV
   o. ☐ Member of clergy
   p. ☐ School counselor, teacher, or administrator
   q. ☐ Other:___________________________

17. What influences made you want to stay in NA? (Check any that apply)
   a. ☐ Identification with members in a meeting
   b. ☐ A welcoming, supportive group
   c. ☐ Sponsor
   d. ☐ NA literature
   e. ☐ Service commitments
   f. ☐ Other NA members
   g. ☐ NA events
   h. ☐ Other:___________________________

18. How important do you think your first NA meeting was in getting/staying clean? (Ranging from 1 as “not at all” to 5 as “very”, please circle your choice)

   1          2         3         4         5
   not at all very

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, HIV, 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: ________________________________