



# 2018 Membership Survey

Every three 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 be viewed as a “viable program of recovery.” With members from several countries attending the World Convention in Orlando, Florida, 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 as possible.

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

- a.  USA
- b.  Brazil
- 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 and ethnicity**

- a.  Black (of African descent) or African American
- b.  White (Caucasian or of European descent)
- c.  Latino, Hispanic
- d.  Asian (including Indian subcontinent) or Pacific Islander
- e.  Indigenous
- f.  Mixed/Multiple ethnic group
- g.  Middle Eastern
- h.  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.)
- f.  Technical/IT professional
- g.  Sales/Marketing
- h.  Craft worker/Artisan/Trade
- i.  Laborer/Service industry
- j.  Clerical/Administrative assistant
- k.  Transportation industry
- l.  Self-Employed (any industry)/Independent contractor
- m.  Other

**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.  Zonal service
- h.  None

**9. How often do you usually attend NA meetings?**

(Please answer **one** only)

- a.  Weekly: \_\_\_\_\_ times
- b.  Monthly: \_\_\_\_\_ times
- c.  Yearly: \_\_\_\_\_ times

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

- a.  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.  Faith-based
- h.  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?**

(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: \_\_\_\_\_





**23a. Are you currently taking prescribed medication?**

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

**23b. 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: \_\_\_\_\_



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