



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Use of Treatment and Recovery Support Services

Instructions for participants. Please check all that apply.

1. Have you ever participated in any of the following treatment?

1a. Outpatient addiction treatment

☐ Yes

☐ No

1b. Alcohol/drug detoxification services

☐ Yes

☐ No

1c. Inpatient or residential treatment

☐ Yes

☐ No

2. If participant answered “yes” to ever using treatment:

“In the past 30 days, on how many days have you attended [insert treatment type here]”

3. Have you ever been prescribed any of the following anti-relapse/craving medications for alcohol use?

Antabuse (Disulfiram)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Selincro (Nalmefene)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revia (Naltrexone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Campral (Acamprosate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topamax (Topiramate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lioresal (Baclofen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes Please specify: <hr/> <input type="checkbox"/> No

4. Have you ever been prescribed any of the following anti-relapse/craving medications for opioid use?

Methadone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orlaam (Levomethadyl acetate)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Suboxone (Buprenorphine-naloxone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subutex (Buprenorphine)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revia (Oral naltrexone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vivitrol (Long-acting injectable naltrexone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes Please specify: _____ <input type="checkbox"/> No

5. If participant answered “yes” to ever been prescribed medications:

“In the past 30 days, on how many days have you used [insert medication name here]”

6. Have you ever participated in any of the following recovery support services?

Sober living environment (e.g., halfway house, Oxford house, sober dorm, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recovery high schools	<input type="checkbox"/> Yes <input type="checkbox"/> No

College recovery programs/communities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Faith-based recovery services (e.g., an addiction recovery support group provided by a church, synagogue, mosque, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recovery community centers	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or local recovery community organization (RCO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online communities (e.g., Facebook groups, In The Rooms, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone applications (e.g. SoberGrid, A-CHESS, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If participant answered “yes” to ever participated in recovery support services:

“In the past 30 days, on how many days have you used [insert name of recovery support service here]”

8. Have you ever participated in the following mutual-help groups?

Alcoholics Anonymous (AA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narcotics Anonymous (NA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine Anonymous (CA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Celebrate Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMART Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women for Sobriety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crystal Methamphetamine Anonymous (CMA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana Anonymous (MA)	<input type="checkbox"/> Yes <input type="checkbox"/> No

LifeRing Secular Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moderation Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secular Organizations for Sobriety (S.O.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes Please specify: _____ <input type="checkbox"/> No

9. If participant answered “yes” to ever participated in mutual help groups:

“In the past 30 days, on how many days have you used [insert name of mutual help group here]”

Protocol source: <https://www.phenxtoolkit.org/protocols/view/590601>