

Significant Other Survey - SA

Below is a list of difficulties that are sometimes reported by people with a drug or alcohol abusing loved one. Please read each item and circle the number in the *first set of columns* on the right that most closely corresponds to how often you have experienced the difficulty in the **past 30 days**. Then, in the *second set of columns*, please circle the number that most closely describes how much the problem has bothered you in the **past 30 days**.

For example, if you have not experienced the problem in the past 30 days (see **question #1 below**), then you would circle 0/never in the *first column* and then circle 0/not at all in the *second column*.

For example, if you have experienced the problem in the past 30 days (see **question #2 below**), then you would circle a number ranging from 1 to 4 in the *first column* and then circle a number ranging from 0 to 4 in the *second column*.

		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
Emotional											
1	you had trouble sleeping	0	1	2	3	4	0	1	2	3	4
2	you had trouble eating (eating more or less than usual or having no appetite)	0	1	2	3	4	0	1	2	3	4

Please continue on to the next page to begin the survey.

The Significant Other Survey-SA was developed by investigators at the Treatment Research Institute, an independent non-profit organization dedicated to science-driven transformation of treatment and policy in substance abuse. The development of the SOS-SA was supported through NIH funding (Principal Investigator: Kimberly C. Kirby, Ph.D.; Grants: R01 DA018696 and P50 DA027841).

		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
Emotional – Past 30 days											
1	you had trouble sleeping	0	1	2	3	4	0	1	2	3	4
2	you had trouble eating (eating more or less than usual or having no appetite)	0	1	2	3	4	0	1	2	3	4
3	you felt guilty	0	1	2	3	4	0	1	2	3	4
4	you felt embarrassed	0	1	2	3	4	0	1	2	3	4
5	you felt angry	0	1	2	3	4	0	1	2	3	4
6	you felt anxious or worried	0	1	2	3	4	0	1	2	3	4
7	you felt sad or depressed	0	1	2	3	4	0	1	2	3	4
8	you felt hopeless	0	1	2	3	4	0	1	2	3	4
9	you had trouble concentrating	0	1	2	3	4	0	1	2	3	4
10	you felt you had too much responsibility for the welfare of family, friends and/or yourself	0	1	2	3	4	0	1	2	3	4

Relationship – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
11	you had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
12	your loved one verbally abused you	0	1	2	3	4	0	1	2	3	4
13	you did things for your loved one that you think (s)he should have done for himself/herself	0	1	2	3	4	0	1	2	3	4
14	you spent a lot of time thinking about how to help your loved one with his/her problem	0	1	2	3	4	0	1	2	3	4
15	you gave up doing things that you wanted to do because of your loved one's problem	0	1	2	3	4	0	1	2	3	4
16	you were disturbed because your loved one came home later than expected	0	1	2	3	4	0	1	2	3	4
17	you felt distant from your loved one	0	1	2	3	4	0	1	2	3	4

Family – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
18	your family members had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
19	your family members argued with each other about your loved one	0	1	2	3	4	0	1	2	3	4
20	your loved one disrupted a family gathering	0	1	2	3	4	0	1	2	3	4
21	your relationship with your loved one interfered with relationships with other family members or friends	0	1	2	3	4	0	1	2	3	4
22	you did not have enough time with friends	0	1	2	3	4	0	1	2	3	4
23	you did not enjoy time with family members	0	1	2	3	4	0	1	2	3	4
24	you saw your loved one or his/her friends using alcohol in your home	0	1	2	3	4	0	1	2	3	4
25	you saw your loved one or his/her friends using drugs in your home	0	1	2	3	4	0	1	2	3	4
26	you found alcohol in your home	0	1	2	3	4	0	1	2	3	4
27	you found drugs in your home	0	1	2	3	4	0	1	2	3	4
28	you argued with your loved one about alcohol or drug use in your home	0	1	2	3	4	0	1	2	3	4
29	you argued with your loved one about drug paraphernalia in your home	0	1	2	3	4	0	1	2	3	4

Financial – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
30	you lent your loved one money regardless of whether or not you expected to get it back	0	1	2	3	4	0	1	2	3	4
31	you provided your loved one with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
32	you paid fines or bills for your loved one	0	1	2	3	4	0	1	2	3	4
33	your loved one failed to provide you or your household with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
34	your loved one stole from you	0	1	2	3	4	0	1	2	3	4
35	you hid money, credit cards or the checkbook from your loved one	0	1	2	3	4	0	1	2	3	4
36	you spent all the money so that there was little left for your loved one to spend	0	1	2	3	4	0	1	2	3	4
37	you lost money (income) because you were not at work	0	1	2	3	4	0	1	2	3	4

People often have different definitions of physical violence. For the purpose of this survey, we would like you to view behaviors like pushing and shoving as a “physical attack.”

		How often have you experienced the problem?					How bothered were you by the problem?					
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal	
Physical Violence – Past 30 days												
38	your loved one threatened to physically attack you	0	1	2	3	4	0	1	2	3	4	
39	your loved one actually physically attacked you	0	1	2	3	4	0	1	2	3	4	
40	your loved one actually physically hurt you	0	1	2	3	4	0	1	2	3	4	
41	you threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4	
42	you actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4	
43	you actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4	
44	your loved one threatened to physically attack a family member other than you	0	1	2	3	4	0	1	2	3	4	
45	your loved one actually physically attacked a family member other than you	0	1	2	3	4	0	1	2	3	4	
46	your loved one actually physically hurt a family member other than you	0	1	2	3	4	0	1	2	3	4	
47	another family member threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4	
48	another family member actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4	
49	another family member actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4	
50	your loved one injured him/herself on purpose	0	1	2	3	4	0	1	2	3	4	
51	your loved one intentionally damaged or destroyed property or possessions	0	1	2	3	4	0	1	2	3	4	

		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
Legal – Past 30 days											
52	you dealt with legal problems related to your loved one	0	1	2	3	4	0	1	2	3	4
	List other legal problems below - please print										
52a											
52b											
52c											
52d											
52e											
Health – Past 30 days											
53	experienced your own medical problems	0	1	2	3	4	0	1	2	3	4
54	took prescribed medication for a physical condition	0	1	2	3	4	0	1	2	3	4
	List other health problems below - please print										
54a											
54b											
54c											
54d											
54e											