**Section 1: Demographic characteristics**

1. Age \_\_\_\_
2. Sex

 **□** Male

 **□** Female

1. What do you consider your ethnicity:
	* Black (not of Hispanic origin)
	* White (not of Hispanic origin)
	* Hispanic of Puerto Rican origin
	* Hispanic of Dominican origin
	* Hispanic of Mexican origin
	* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How far did you go with your education?
* Did not finish high school
* Completed High School or GED
* Some College or Associate Degree
* Completed College
* Graduate school
1. Have you been incarcerated in the last year?
* Yes
* No
1. How are you financially supporting yourself? (check multiple if gives more than one answer)
* Full-time work (>40hrs/wk)
* Part-time work (reg hours)
* Part time work (irreg/daywork)
* Illegal activities
* Student
* Retired
* Public Assistance
* SSI/SSD Disability
* Unemployed
* Other\_\_\_\_\_\_\_
1. What is your current living situation?
	1. ’Own’ apartment or home (can be rented or owned)
	2. Halfway house
	3. Family or friends (‘doubled up’)
	4. SRO (‘single-room occupancy’ unit)
	5. Homeless
	6. Other\_\_\_\_\_\_\_\_\_\_
2. May we ask you for the phone numbers of 3 close contacts in case we’re unable to reach you in the clinic or by phone to complete any follow-up surveys?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Mobile phone usage patterns**

1. Do you currently have a cell phone?

**□** Yes

**□** No – Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If NO, skip to question 11)*

10. Which of the following features is on your cell phone: (check all that apply)

* Internet connection
* Can download apps
* GPS (location tracking/directions)
* Camera
* Video
* Email
* Social Media (e.g. facebook, twitter, myspace…)
* Can receive photos/multimedia attachments in a text message
* OTHER features you use a lot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. In the last year, How many mobile phones did you have?\_\_\_
2. In the last year, How many phone numbers did you have?\_\_
3. Has another person ever accessed your cellphone in a way

that made you feel your privacy was invaded?

 **□** Yes

 **□** No

**Section 3: Text Message usage patterns**

1. Do you ever use your cell phone to send or receive text messages?

 **□** Yes

 **□** No

1. Comfort level sending / receiving TM:

Very much Somewhat Undecided Not very Not at all

 5 4 3 2 1

1. How concerned are you about the privacy of text messages?

Very much Somewhat Undecided Not very Not at all

 5 4 3 2 1

1. How many texts did you receive in the past week?\_\_\_\_\_\_
2. If someone needs to contact you on your cell phone, do you prefer they call you or send you a text message?

 **□** Text Message

 **□** Phone Call

1. How do you pay for your text messages?
* Flat fee for unlimited text messages
* Flat fee for a fixed or limited amount of texts
* Pay-as-you-go
* Other\_\_\_\_\_\_\_\_\_

**Section 4: Mobile and TM Health Usage Patterns**

1. Do you receive any text messages with tips or updates about

health related topics from your doctors?

 **□** Yes

 **□** No

1. In the last 6 months, have you called the buprenorphine

clinic and had your needs addressed?

**□** Yes

 **□** No

**□** Never called

1. In the last 6 months, has anyone called you from the

buprenorphine clinic to remind you of an appointment?

**□** Yes

 **□** No

**□** Don’t have a phone or working number

1. Do you have any of the suboxone doctors’ mobile phone

numbers?

 **□** No

 **□** Yes - In the last 6 months, how many times have you:

 Called them \_\_\_

 Sent them a text message \_\_\_\_

1. Would you like to have their cell phone number to:
* Call them
* Text Message them
* Neither
1. If you were at risk for relapsing, would you send a text

message to your suboxone clinic to receive: (check all that apply)

 **□** Supportive text messages

 **□** Phone call from your suboxone doctor

 **□** Neither

1. Have you used your cell phone to send text messages related to your addiction treatment to anyone?

 **□** Yes - What did you send? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - To whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **□** No - Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is it okay to use “suboxone” in texts sent from your

suboxone doctor?

 **□** Yes

**□** No

1. Has your cell phone made it easier to be productive while you are doing things like waiting for an appointment?

Very much Somewhat Undecided Not very Not at all

 5 4 3 2 1