

COMBINE

Evaluation of Treatment (EOT ver. A)

Center	Participant #	Participant Initials	Week	Sequence
				0 1
	Date		Staff ID	
	mo.	/	da.	/
		yr.		

We are interested in your opinions about the treatment services you received as part of the COMBINE study. We are interested in **your honest opinion**. This information **will not be shared** with your therapist.

A. General Satisfaction with Treatment

1. Overall, how would you rate the **quality of the treatment** you received? (Check **One**)
 - Excellent
 - Good
 - Neither good nor poor
 - Fair
 - Poor

2. Did you get **the kind of treatment** you wanted? (Check **One**)
 - Yes, definitely
 - Yes, generally
 - Neither yes nor no
 - No, not really
 - No, definitely not

3. Has the treatment you received helped you **to deal more effectively** with your drinking problem? (Check **One**)
 - Yes, definitely
 - Yes, generally
 - Neither yes nor no
 - No, not really
 - No, definitely not

4. If a friend were in need of similar help, **would you recommend this treatment** to him/her? (Check **One**)
 - Yes, definitely
 - Yes, generally
 - Neither yes nor no
 - No, not really
 - No, definitely not

5. If you were to need treatment in the future, **would you return** to this program? (Check **One**)
 - Definitely yes
 - Probably yes
 - Maybe
 - Probably not
 - Definitely not

6. In an overall, general sense, how **satisfied** are you with **the treatment** you received? (Check **One**)
 - Very satisfied
 - Moderately satisfied
 - Neither satisfied nor dissatisfied
 - Moderately dissatisfied
 - Very dissatisfied

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B. Satisfaction with Medications

(If you were in the treatment that included medication, please answer the next 6 questions; If you **did not** received medications, please skip question 13)

7. How **satisfied** are you with **the health care professional** who helped you with your medications? (Check **One**)

- Very satisfied
- Moderately satisfied
- Neither satisfied nor dissatisfied
- Moderately dissatisfied
- Very dissatisfied

8. How **satisfied** are you with **the number of clinic appointments** you had **with the health care professional** who helped you with your medications? (Check **One**)

- Very dissatisfied, far too few sessions.
- Somewhat dissatisfied, somewhat too few sessions.
- Satisfied, the number of sessions were just right.
- Somewhat dissatisfied, somewhat too many sessions.
- Very dissatisfied, far too many sessions.

9. How **satisfied** are you with **the medications** you received? (Check **One**)

- Very satisfied
- Moderately satisfied
- Neither satisfied nor dissatisfied
- Moderately dissatisfied
- Very dissatisfied

10. How would you **describe your experience** taking the **medications**? (Check **One**)

- Experienced no unwanted side effects and benefited from taking them
- Experienced some unwanted side effects but benefited from taking them
- Experienced a lot of unwanted side effects but benefited from taking them
- Experienced no unwanted side effects but did not benefit from taking them
- Experienced some unwanted side effects but did not benefit from taking them
- Experienced a lot of unwanted side effects but did not benefit from taking them

11. If a friend were in need of help for a drinking problem, **would you recommend taking these medications** to him/her? (Check **One**)

- Yes, definitely
- Yes, generally
- Neither yes nor no
- No, not really
- No, definitely not

12. If you were to need treatment in the future, **would you choose to take these medications again**? (Check **One**)

- Definitely yes
- Probably yes
- Maybe
- Probably not
- Definitely not

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C. Satisfaction with Counseling

(If you were in the treatment that included counseling and talking to a therapist, please answer the next 5 questions; if you did not receive counseling, please skip to item number 18)

13. Overall, how **satisfied** are you with the **counseling** you received?

- Very satisfied
- Moderately satisfied
- Neither satisfied nor dissatisfied
- Moderately dissatisfied
- Very dissatisfied

14. How **satisfied** are you with **the counselor** you saw? (Check **One**)

- Very satisfied
- Moderately satisfied
- Neither satisfied nor dissatisfied
- Moderately dissatisfied
- Very dissatisfied

15. How **satisfied** are you with **the number of counseling sessions** you received? (Check **One**)

- Very dissatisfied, far too few sessions.
- Somewhat dissatisfied, somewhat too few sessions.
- Satisfied, the number of sessions was just right.
- Somewhat dissatisfied, somewhat too many sessions.
- Very dissatisfied, far too many sessions.

16. If a friend were in need of help for a drinking problem, **would you recommend this kind of counseling** to him/her? (Check **One**)

- Yes, definitely
- Yes, generally
- Neither yes nor no
- No, not really
- No, definitely not

17. If you were to need treatment in the future, **would you choose to this kind of counseling again?** (Check **One**)

- Definitely yes
- Probably yes
- Maybe
- Probably not
- Definitely not

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D. Current Condition

18. Overall, how would you describe **how you have changed in your drinking** behavior since you began treatment? (Check **One**)

- I'm much better
- I'm a little better
- I haven't changed at all
- I'm somewhat worse
- I'm much worse

If you feel that your drinking behavior is better than when you started treatment, please answer the following questions (Numbers 19, 20, and 21) and then move on to Section E below. If you do not feel that your drinking has improved, skip the next three questions (Numbers 19, 20, and 21) and skip directly to Section E below.

19. **How much** do you feel these changes are related to the **counseling** you received? (Check **One**)

- Definitely related
- Probably related
- May be related
- Probably not related
- Definitely not related

20. **How much** do you feel these changes are related to the **medication** you received? (Check **One**)

- Definitely related
- Probably related
- May be related
- Probably not related
- Definitely not related

21. Which **helped you change** your drinking the **most**, the **therapy or the medications**? (Check **One**)

- Definitely the therapy
- Definitely the medications
- Hard to say, but probably the therapy
- Hard to say, but probably the medications
- Medications and therapy helped about the same
- The therapy and medications did not help at all, I changed by my own resolve

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E. We are interested in what parts of this project you found most helpful. Please indicate how **helpful each** of the following was to you.

(Complete every item by circling your answer; Circle 9 if the item did not occur)

How helpful was each of the following:	Extremely helpful	Moderately helpful	Neither helpful nor unhelpful	Moderately unhelpful	Extremely unhelpful	Does not apply
22. Receiving help to increase and keep my desire and motivation for change	1	2	3	4	5	9
23. Getting feedback about how alcohol has affected me	1	2	3	4	5	9
24. Meeting with my health care professional who prescribed my medication	1	2	3	4	5	9
25. The medications I took	1	2	3	4	5	9
26. Feeling less of an urge to drink	1	2	3	4	5	9
27. Thinking about alcohol less	1	2	3	4	5	9
28. Discussing ways to help me to take my medication as prescribed	1	2	3	4	5	9
29. Getting help in sticking with my medications	1	2	3	4	5	9
30. Not feeling like I need a drink when I think about alcohol	1	2	3	4	5	9
31. Having less desire to drink	1	2	3	4	5	9
32. Meeting with my therapist or counselor	1	2	3	4	5	9
33. Being told that I needed to stop drinking	1	2	3	4	5	9
34. Developing a clear plan for change	1	2	3	4	5	9
35. Having a say about what happened in my own treatment	1	2	3	4	5	9
36. Telling my problems and feelings to my counselor	1	2	3	4	5	9
37. Having a therapist who really listened to me	1	2	3	4	5	9
38. Assignments my counselor gave me to do between sessions	1	2	3	4	5	9

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How helpful was each of the following:	Extremely helpful	Moderately helpful	Neither helpful nor unhelpful	Moderately unhelpful	Extremely unhelpful	Does not apply
39. Being recommended and encouraged to attend mutual help groups like Alcoholics Anonymous (AA)	1	2	3	4	5	9
40. Becoming involved in Alcoholics Anonymous (AA)	1	2	3	4	5	9
41. Becoming involved in a mutual-help support group other than AA	1	2	3	4	5	9
42. Having a caring relative or friend come to treatment sessions with me	1	2	3	4	5	9
43. Having a therapist who emphasized stopping drinking altogether (abstinence)	1	2	3	4	5	9
44. Monitoring my alcohol use through breathalyzer tests	1	2	3	4	5	9
45. Learning more about alcohol and its effects	1	2	3	4	5	9
46. Developing better skills for communicating with other people	1	2	3	4	5	9
47. Developing better skills for coping with craving and urges	1	2	3	4	5	9
48. Developing better skills to cope with social pressures to drink	1	2	3	4	5	9
49. Finding and keeping a job	1	2	3	4	5	9
50. Understanding myself better	1	2	3	4	5	9
51. Managing my feelings better	1	2	3	4	5	9
52. Developing more satisfying relationships	1	2	3	4	5	9
53. Pursuing social and recreational activities that support my sobriety	1	2	3	4	5	9
54. Increasing my self-esteem	1	2	3	4	5	9
55. Filling out forms and questionnaires	1	2	3	4	5	9
56. Talking with research staff	1	2	3	4	5	9