**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