

# SUBSTANCE USE RECOVERY EVALUATOR

## SURE

**CONFIDENTIAL**

THESE QUESTIONS ARE TO HELP YOU MEASURE YOUR PERSONAL RECOVERY  
FROM DRUG AND/ OR ALCOHOL DEPENDENCE

THEY HAVE BEEN DESIGNED WITH THE HELP OF SERVICE USERS SO THAT  
THEY MEASURE WHAT IS IMPORTANT TO PEOPLE IN RECOVERY

### How to fill in this questionnaire

1. Please complete all sections of the questionnaire (A, B & C)
2. Please **think about the last week** when completing each question
3. Please provide **one answer** for each statement. For example...

#### Example statement

Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION A

*Thinking about the last week, please rate yourself on each of the following statements*

### DRINKING AND DRUG USE (Part 1) – *Thinking about the last week*

<b>1. I have drunk too much</b>				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>2. I have used street drugs</b>				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>3. I have experienced cravings</b>				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### DRINKING AND DRUG USE (Part 2) – *Still thinking about the last week*

<b>4. I have coped with problems without misusing drugs or alcohol</b>				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>5. I have managed pains and ill-health without misusing drugs or alcohol</b>				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>6. I have been spending my free time on hobbies and interests that do not involve drugs or alcohol</b>				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION B

Please continue to read all questions & response options carefully

### SELF-CARE – *Still thinking about the last week*

#### 7. I have been taking care of my mental health

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 8. I have been taking care of my physical health

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 9. I have been eating a good diet

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 10. I have slept well

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 11. I have had a good daily routine

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### RELATIONSHIPS – *Still thinking about the last week*

#### 12. I have been getting on well with people

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 13. I have felt supported by people around me

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. I have been treated with respect and consideration by people around me**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**15. I have treated others with respect and consideration**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**MATERIAL RESOURCES – *Still thinking about the last week*****16. I have had stable housing**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**17. I have had a regular income (from benefits, work, or other legal sources)**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**18. I have been managing my money well**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**OUTLOOK ON LIFE – *Still thinking about the last week*****19. I have felt happy with my overall quality of life**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**20. I have felt positive**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

**21. I have had realistic hopes and goals for myself**

All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
0	0	0	0	0

## SECTION C

*Still thinking about the last week, please record how important each of the following have been to you*

### 1. Reducing or abstaining from drinking or drug taking

Not important	A little important	Important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Looking after yourself (physically taking care of yourself, mentally taking care of yourself, having a good diet , sleeping well, having a good routine)

Not important	A little important	Important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Having good relationships with other people (getting on with people, feeling supported by people, being treated with respect, treating others with respect)

Not important	A little important	Important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 4. Having resources and belongings (stable housing, regular income, managing money)

Not important	A little important	Important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 5. Outlook on life (having a good quality of life, feeling positive, having realistic hopes and goals)

Not important	A little important	Important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SCORING:

Questions 1-3	Score	Score range
'Never' OR 'On 1 or 2 days'	= 3	Drinking and drug use = 6-24 Self-care = 5-16 Relationships = 4-12 Material resources = 3-9 Outlook on life = 3-9 <u>Total Score = 21-63</u>
'On 3 or 4 days'	= 2	
'On 5 or 6 days' OR 'Every day'	= 1	
Questions 4-21		
'All of the time' OR 'Most of the time'	= 3	
'A fair amount of the time'	= 2	
'A little of the time' OR 'None of the time'	= 1	
<b>Section C = Not scored</b>	--	

**MY TOTAL SCORE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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