



# 2020 Survey of the Fellowship of AA in Great Britain & Continental European Region

2020 Phase 2 AA Fellowship Survey  
FINAL\_v1.6

All the information that you supply in this survey is anonymous. It will only be used to help in the provision of our service and to carry the message by knowing more about our membership.

**Q1. Group ID, or Survey password:**

**Q2. Are you ...?** (please  one box)

 Male

 Female

 Other (please specify) \_\_\_\_\_

**Q3. What is your age?** (please write in the boxes)

--	--

 years

**Q4. How long have you been sober?** (please write in the boxes)

Years		Months	

**Q5. When did you first come to AA?** (please write in the boxes)

D	D	M	M	Y	Y

We are all aware that the COVID-19 pandemic has had a big impact on important aspects of recovery in AA. The following questions focus on your personal experience during this time.

**If you came to AA before the period of COVID-19 pandemic:**

**Q6a. Did you already have experience with online AA meetings? (i.e. Zoom, Skype, etc.)**  Yes  No

**Q6b. Did you change to online AA meetings when the Covid-19 lockdown started? (i.e. Zoom, Skype, etc.)**  
 Yes  No

**Q6c. If you did change to online AA meetings: How easy of difficult did you find it to adapt to the changes of online meeting formats (i.e. hosting, chairing, sharing and/or readings)? Please rate the following items on a scale of 1 to 5, where 1 = Very Easy and 5= Very Difficult.**

Please  one answer for each question below

	1=Very easy	2	3	4	5=Very difficult
Finding online access (i.e. Zoom/Skype IDs and passwords)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting members outside meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing your service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsoring members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping newcomers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying the message?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6d. How many online AA meetings do you attend a week?** \_\_\_\_\_

**Q6e. Are you attending more AA meetings now that they are available online?**

More  No change  Fewer

Q6f. Are you attending online meetings in other areas/countries?  Yes  No

Q6g. If you did not change to online AA meetings: Did you not change to online AA meetings due to:  
(please tick all that apply)

- Lack of IT skills?
- Lack of IT hardware/software?
- Concern over anonymity?
- Feeling online meetings are inadequate replacement for face-to-face
- Other (Please specify below)

Q6h. Do you plan to return to attending physical meetings?  Yes  No

**If you are a newcomer and joined AA online during the pandemic:**

Q7a Were you recognised as a newcomer?  Yes  No

Q7b Did you feel comfortable attending the online AA meeting?  Yes  No

Q7c. Were you able to get the help to stop drinking you were looking for?  Yes  No

Q8. Do you have other comments in regard to attending or not attending online meetings?

**Now please answer the rest of the questions, which relate to all of your experience of AA, both before and since the Covid-19 pandemic**

Please  one answer for each question below

**Yes**      **No**

- Q9. Do you have a sponsor?  Yes       No
- Q10. Have you gone through or are you working through the 12 steps?  Yes       No
- Q11. Do you have a home group?  Yes       No
- Q12. Do you do service in the home group?  Yes       No

**Q13. Please rate the following items on a scale from 1 to 5, where 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5=Always. If any item does not apply to you, please give a response of 1 (Never) to the question.**

(Please  one box only per row)

How often in the past month have you...	1=Never	2=Rarely	3=Sometimes	4=Often	5=Nearly always
Taken calls or spent time with a sponsee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided an alcoholic through the AA 12-Steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Held a service position in the AA programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Said something positive to an alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened to an alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Said hello to a newcomer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reached out to an alcoholic having a hard time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared a personal story with an alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read programme literature to an alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged an alcoholic to go to a meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given money to AA according to Tradition 7?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped to set up a meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put chairs away after a meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14. Overall in the past month, how much did helping other alcoholics help you to not drink?**

(please  one box only)

- Not at all      A little      Some      A lot
- 

**Q15. If you have held a service position, has it been within the Fellowship structure (i.e. GSR, at Intergroup, Region etc)?**       Yes       No

**Q16. On average, how often do you attend AA meetings?** (please write your answer in one box only)

- If you attend at least once week, please put the number in the 'Per week' box.
- If less than weekly but you attend at least once a month, please put the number in the 'Per month' box.
- If less than monthly, please put the number of meetings attended in the 'Per year' box.

Per week	Per month	Per year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q17. How did you first hear about AA to attend your first meeting?** (please  one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> Saw an article in a newspaper / magazine   | <input type="checkbox"/> Looked the number up in a phone directory     |
| <input type="checkbox"/> Heard about it on TV / radio               | <input type="checkbox"/> Found out contact details on the internet     |
| <input type="checkbox"/> Through an existing group member           | <input type="checkbox"/> Through a treatment centre                    |
| <input type="checkbox"/> Through my GP / Health Professional        | <input type="checkbox"/> Al-Anon or Alateen or any other 12-Step group |
| <input type="checkbox"/> Saw a notice about meetings                | <input type="checkbox"/> Previous membership                           |
| <input type="checkbox"/> Saw a leaflet / poster                     | <input type="checkbox"/> Through probation / prison service            |
| <input type="checkbox"/> Church or other clergy (priest, imam etc.) | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Through Social Media                       |  |

**Q18. What aspects of attending AA do you feel have significantly helped your recovery?** (please  all applicable)

- |                                  |                          |
|----------------------------------|--------------------------|
| Working the 12 Steps             | <input type="checkbox"/> |
| Attending regular group meetings | <input type="checkbox"/> |
| Having a sponsor                 | <input type="checkbox"/> |
| Not feeling alone                | <input type="checkbox"/> |
| Helping other people             | <input type="checkbox"/> |
| Sponsoring                       | <input type="checkbox"/> |
| Finding a higher power           | <input type="checkbox"/> |
| Acceptance                       | <input type="checkbox"/> |
| Service                          | <input type="checkbox"/> |
| Sense of belonging               | <input type="checkbox"/> |
| Having a home group              | <input type="checkbox"/> |
| Other – <i>please specify</i>    | <input type="checkbox"/> |
| <hr/>                            |                          |
| None of theabove                 | <input type="checkbox"/> |

Q19. Are you spiritual?  Yes  No

Q20a. Do you have a higher power?  Yes  No

Q20b. IF Yes TO Q20a What form does your higher power take? (please  all applicable)

Religious

Secular

Q21. What is your current employment status? (please  one box only)

*If you are a full-time student in paid work, please tick one of the first three boxes.*

Employee (full- or part-time)

Self-employed with employees (full or part-time)

Self-employed/freelance without employees (full or part-time)

Unemployed (looking for work, or waiting to start a job)

Not working: Full-time student (and not in any paid work)

Not working: Retired

Not working: Looking after home or family

Not working: Long-term sick/ disabled

Not working: Other

Q22. What is your ethnic group? Are you: (please  one box only)

Asian  Of a mixed background

Black  White

Chinese  Other – *please specify*

Prefer not to say

Q23. Do you have any disability that limits your day-to-day activities? (please  all applicable)

No disability  Hearing

Physical  Sight

Mobility  Learning

Other – *please specify*

---

**NOTE: The following questions will help us carry the message to the professionals working with the suffering alcoholics by allowing us to estimate how many members have had or continue to struggle with mental health difficulties. We know, however, that this can be a sensitive issue for some people, so please answer only if you feel able and comfortable to do so. If not, please go ahead to Q25a.**

**Q24a. Have you ever been diagnosed with a mental health condition other than alcoholism?**  Yes  No

**Q24b. If so, Please specify which condition**  
(write in):

**Q25a. Before coming to AA, did you ever receive some type of treatment or counselling**  
(such as medical, psychological, spiritual etc.) related to your drinking?  Yes  No

**Q25b. If so, Did that treatment direct you to AA?**  Yes  No

**Q26a. Since coming to AA, have you ever received some type of treatment or counselling**  
(such as medical, psychological, spiritual etc.) related to your drinking?  Yes  No

**Q26b. If so: Did this aid your recovery?**  Yes  No

**Q27. Thank you for completing this survey. As a final word, please free to write in the space below any comment with regards to your experience of AA and what you feel has aided (or hindered) you?**

---

***Thank you for completing this survey. Please return this to your group secretary.***

*This survey is entirely anonymous and will only be used to aid in planning to carry the message.*