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# Virginia Area Committee
# Public Information Survey

**This survey is completely anonymous.** We are excited to receive your input. It is a little-known fact, according to the 2016 North American Survey, that the #1 way that people come to us is through an AA Member. This survey will ask you how you feel about making yourself available to share your experience and AA resources with others.

The survey will take up to 3 minutes to complete. Your participation is completely voluntary and you can stop at any time. Please contact vac-pi-survey@aavirginia.org if you have any questions. **Thank you very much for your feedback on this important topic!**

**If you have already completed this survey either online,**
**or via this paper-survey, please refrain from completing a second one.**

*Time in Sobriety: Years _____ (or) Months _____ (or) Days _____

***Using the following scale, please answer questions A & B***

**1**=Completely Uncomfortable, **2**=Somewhat Uncomfortable, **3**=Neither Comfortable nor Uncomfortable, **4**=Somewhat Comfortable, **5**=Completely Comfortable

A. Using a scale from 1-5 where 1 is "Completely Uncomfortable" and 5 is "Completely Comfortable," **how comfortable do you feel with personally offering AA Recovery Information to:**

_____ Immediate Family
_____ Extended Family
_____ Friends
_____ Fellow Employees
_____ Acquaintances
_____ Someone You Do Not Know

B. Using a scale from 1-5 where 1 is "Completely Uncomfortable" and 5 is "Completely Comfortable," **how comfortable do you feel about someone sending an interested alcoholic to you as a source of AA Recovery Information by:**

_____ Immediate Family
_____ Extended Family
_____ Friends
_____ Fellow Employees
_____ Acquaintances
_____ Someone You Do Not Know

C. **When faced with the possibility of sharing AA with others,** do you have any of the following reservations with the **prospect of being available for referrals?** (Please Select All That Apply)

_____ No Time
_____ Not Interested
_____ Never Have Shared Before
_____ Too High of a Bottom
_____ Too Low of a Bottom
_____ Disappointment
_____ Embarrassment
_____ Rejection or Anger
_____ Possibility of Failure
_____ Being Asked to Sponsor
_____ None of these choices
_____ Other

(Continued On Back)

Additional Challenges or Reservations: _____

_____

_____

D. In your opinion, which of the following types of resources, specifically designed to support AA Members, would be helpful to increase comfort levels when sharing AA Recovery information? (Select All That Apply)

| | |
|---|---|
| _____ Pamphlet | If Other, What Method Would You Suggest? |
| _____ Booklet | |
| _____ None | |
| _____ Other | |

Thank you again for completing this survey. If the results show a dominant discomfort with making ourselves available as an AA resource, the Virginia Area Public Information Committee will strive to assist you, the individual member, by creating a form of literature aimed at helping our Virginia Area Membership become increasingly more comfortable sharing AA with the prospective member.

*"After all, if you really think about it, the facts are these: **All Of Us** have taken a seat on the Public Information Committee from the day we first walked through the doors of AA!"*

**Public Information Starts On The Ground, With All Of Us!**

Please turn-in the completed survey to your GSR or Overseer
Or, if you prefer, feel free to send it in to:
Public Information Survey
PO Box 3255
Martinsville, VA 24115

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***Entirely Optional Opportunity***

If you wish to be contacted by someone on the Public Information Committee about your experience in sharing AA with the prospective alcoholic, please feel free to provide us your contact information below. *Note: This information will not be published or shared with anyone outside of the Public Information Committee.*

Name: _____

Email: _____

Phone: (_____) _____

Committee Use Only:
Date Survey Added: _____/_____/_____