



# NARCOTICS ANONYMOUS

WSC Literature Committee • 890 Atlanta Road, Marietta, Georgia 30060 • 404/427-2086

April 2, 1981

Dear Fellow Member:

One of the major problems associated with getting the review copy of our book to the entire Fellowship was the absence of an accurate, up-to-date World Directory. As a result, members of the Literature Committee spent many hours on the telephone verifying addresses. This was also costly.

However, the time and money were both well spent, because we now have available to us a comprehensive mailing list. Nonetheless, we do not feel that even this mailing list is a complete list of every committee, group or loner in our rapidly growing, worldwide Fellowship.

In order to assure that future Literature Committee efforts do not face the same problem with mailings, we propose to publish our mailing list for future reference. This list will also be made available to other Committee chairmen for their mail efforts. In addition, this mailing list, after further verification and some updating, will in effect become a current World Directory.

In order to assure as accurate an accounting of every group and meeting available, please fill out the enclosed questionnaire and return it to us at the above address. Please make every effort to see that every group, service committee, hospital or institution meeting, and loner in your area gets a copy of the questionnaire, fill out the questionnaire and return it promptly.

Second only to the book, the request most frequently received from you has been the cry for a World Directory. If the questionnaires are returned promptly, a World Directory this summer will be possible.

In loving service,

A handwritten signature in cursive script that reads "Roger".

Roger T.

For: WSC-Literature Committee

LITERATURE COMMITTEE QUESTIONNAIRE - PART I  
For Regional & Area Service Committee Chairmen

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A. Committee's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: A/C ( \_\_\_\_\_ ) \_\_\_\_\_  
24-Hour Hot Line (where available): A/C ( \_\_\_\_\_ ) \_\_\_\_\_

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B. Chairman's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: A/C ( \_\_\_\_\_ ) \_\_\_\_\_

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C. How many areas/groups are represented by your committee? \_\_\_\_\_  
What specific geographic area is served by your committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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D. (Circle where appropriate) Is your committee/region/area served by any of the following committees/sub-committees?:  
LITERATURE      HOSPITALS & INSTITUTIONS      PUBLIC INFORMATION  
OTHER (describe): \_\_\_\_\_

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E. Please include with this questionnaire a meeting directory, if one is available for your region/area.  
Also, please include (on a separate sheet of paper) the names, addresses (with zip code) and telephone numbers for all committee or sub-committee chairmen based on your response to section D above. Please identify each chairman as to which committee/sub-committee he/she chairs.

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F. REMARKS: (Please describe any specific areas where our service structure may better serve your area/region. Any remarks not pertinent to the Literature Committee will be passed to that Trusted Servant better able to help you. Use a separate sheet of paper if necessary.)

LITERATURE COMMITTEE QUESTIONNAIRE - PART II  
For Group Representatives

A. Group's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: A/C ( \_\_\_\_\_ ) \_\_\_\_\_  
24-Hour Hot Line (where available): A/C ( \_\_\_\_\_ ) \_\_\_\_\_

B. Location of Meeting:\* \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Special Instructions/Directions: \_\_\_\_\_

\*Is the location a church, recreation center, private residence,  
union hall, etc.

C. Number of meetings per week: \_\_\_\_\_  
Meeting time: \_\_\_\_\_ (Circle) Days: Sun Mon Tue Wed Thu Fri Sat  
Average attendance at meetings: \_\_\_\_\_  
Type meeting (speaker, discussion, etc.) \_\_\_\_\_  
Are above meetings open or closed? \_\_\_\_\_

D. On a separate sheet of paper include the names, addresses and tele-  
phone numbers for the following trusted servants:

1. General Service Representative
2. Secretary
3. Literature Chairman/Representative
4. Hospitals & Institutions Chairman/  
Representative
5. Public Information Chairman/Representative
6. Other Committee Chairmen/Representatives

E. REMARKS: (Please describe any specific areas where our service  
structure may better serve your group. Any remarks not pertinent  
to the Literature Committee will be passed to that Trusted Servant  
better able to help you. Use a separate sheet of paper if necessary.)

LITERATURE COMMITTEE QUESTIONNAIRE - PART IV  
For the N.A. Loner

A. Your Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: A/C ( \_\_\_\_\_ ) \_\_\_\_\_

B. Name & Location of nearest N.A. group/meeting: \_\_\_\_\_

How often are you able to attend meetings? \_\_\_\_\_

Are you in possession of N.A. literature? \_\_\_\_\_

What is your principle source of literature? \_\_\_\_\_

C. Circle those which apply to you: U.S. MILITARY SERVICE  
U.S. MERCHANT SEAMAN      RESIDENT OF FOREIGN COUNTRY (Outside U.S.)  
TRAVEL FREQUENTLY      PRIMARY LANGUAGE OTHER THAN ENGLISH  
RESIDE IN REMOTE AREA      NO NEARBY N.A. FELLOWSHIP/GROUP

D. If you live in a remote area, what is the next nearest major city?  
\_\_\_\_\_ Distance: \_\_\_\_\_

E. If your primary language is other than English, or you reside in a foreign country, do you have any foreign-language translations of N.A. literature available? \_\_\_\_\_

If a translation is available, which language \_\_\_\_\_ and furnish the Literature a copy of the translation, identifying for us the source of the translation.

F. REMARKS: (How can the N.A. service structure better serve you and your area? Use as many extra sheets of paper as necessary.)



LITERATURE COMMITTEE QUESTIONNAIRE - PART III  
For the Professional & Other Friends of NA

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A. Your Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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B. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: A/C ( \_\_\_\_\_ ) \_\_\_\_\_

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C. Kind of Institution: \* \_\_\_\_\_  
\*(Hospital, halfway house, prison, work-release center, rehabilitation/treatment center, etc.)  
Your Position: + \_\_\_\_\_  
+(Director, counselor, therapist, etc.)

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D. Are N.A. meetings regularly held at the above institution? \_\_\_\_\_  
If yes, give day: \_\_\_\_\_ time: \_\_\_\_\_  
Are these meetings open to any N.A. member or drug addict who wishes to attend, or are they designed to accommodate only the residents/clients of the institution?

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E. Is N.A. literature readily available at the institution? \_\_\_\_\_  
What is your source of supply for N.A. literature? \_\_\_\_\_

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F. What N.A. group (name & location) sponsors or helps conduct the meetings at the institution? \_\_\_\_\_

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G. REMARKS: (How can N.A. better serve you, the institution, and the clients/residents, in keeping with the Twelve Traditions of N.A.? Use a separate sheet of paper if necessary.)