

Prevent Hepatitis Transmission among Persons Who Inject Drugs

Attachment 3B
Initial Survey Instrument

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Section: Demographics/Basic Info

DEM1: Please enter the ID for this participant:

DEM2: Today's Date ____ / ____ / ____

DEM3: Interviewer name: _____

DEM4: Recruitment Site:

DEM5: What is your date of birth? ____ / ____ / ____

DEM6: What is your mother's first name?

DEM7: What city/town do you live in?

DEM8: What zip code do you live in?

DEM9: What was your sex at birth? (0) Male (1) Female (2) Intersex

DEM10: What sex do you identify yourself with now?

- (0) Male
- (1) Female
- (2) Transgender - MTF
- (3) Transgender - FTM
- (4) Transgender - unspecified
- (5) Other, please specify: _____

DEM11: Do you consider yourself to be Hispanic/Latin? (0) No (1) Yes

DEM12: How would you describe your race or ethnicity? (check all that apply)

- (0) White/Caucasian/European American
- (1) Black/African-American
- (2) Asian/Asian-American
- (3) Filipino/a or Pacific Islander
- (4) Native American

DEM13: What was the highest level of schooling that you have completed?

- (0) Less than high school, enter last grade completed: (a) _____
- (1) High school diploma or GED
- (2) Some college
- (3) Associates Degree/Trade or tech school degree
- (4) BA/BS/Other 4-year college degree
- (5) Some graduate school
- (6) Graduate degree (MD/PhD/JD/MA/MS, etc)

DEM14: What is your current marital status? [SOURCE: CCAT STUDY] (check only one box)

- (0) Single/Never Married
- (1) Divorced
- (2) Separated
- (3) Widowed
- (4) Married/Living together as married
- (5) Other, please specify: (a) _____

DEM15: Do you have a way to get to medical appointments?

- (0) No
- (1) Yes, I have a car, access to a car or I can walk
- (2) Maybe, if I can get a ride from a friend or relative
- (3) Maybe, if public transportation is available (medi-cab)

Section: HCV Testing

These next questions are about Hepatitis C.

HCV1: Have you ever been tested for hepatitis C?

- Yes (Go to HCV3) No (Go to HCV2)

HCV 2: There are many reasons why people have not been tested for HCV. Are any of the following reasons why you have never had an HCV test?

	Yes	No
I'm worried getting tested won't help		
I'm not interested/don't think I need to be tested		
I don't know where to go to be tested		
I don't feel well enough to go get tested (sick, tired, weak, sad)		
I can't get into a provider to be tested		
I can't afford it		
I don't like any of the places that offer testing		
It's too difficult to get transport to any of the places that offer testing		
Getting the free time to go get tested is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community if they find out I got tested		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried getting tested will be unpleasant and interfere with my life		

HCV2a: Are there any other reasons why you haven't been tested for HCV?

- Yes, please specify: _____
 No

Go to next section (Healthcare Utilization).

HCV3: When was your last HCV test? ____Month ____Year

HCV4: Were you tested for HCV antibody or HCV RNA/viral load?

- Antibodies (go to HCV5) RNA/Viral load (go to HCV6) Don't know (go to HCV5)

HCV5: What was the result of your most recent hepatitis C test?

- Negative (Go to next section)
- Positive (Go to HCV7)
- Don't know (Go to next section)

HCV6: What was the result of your HCV RNA/viral load test?

- Detectable virus (Go to HCV7)
- No detectable virus (Go to next section)
- Don't know (Go to next section)

HCV7: Have you seen a medical provider for your HCV infection in the past 3 months?

- Yes (Go to HCV10) No (Go to HCV8)

HCV8: Are any of the following reasons why you haven't gotten treatment for your HCV infection?

	Yes	No
I'm worried treatment won't help		
I'm not interested/don't think I need treatment		
I don't know where to go		
I don't feel well enough to go (sick, tired, weak, sad)		
I can't get into a program/provider (waitlist or not taking new clients)		
I can't afford it		
I don't like the programs/providers available to me/they don't fit my needs		
Finding transportation is difficult		
Getting the free time to go is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community who find out		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried treatment will be unpleasant and interfere with my life		
I'm actively drinking or using drugs and can't get treatment		

HCV9: Which statement best reflects your feelings about getting treatment for your HCV infection?

- I have no desire or intention to get treatment for my HCV infection.
- I am thinking about getting treatment for my HCV infection.
- I am planning on getting treatment for my HCV infection.

Go to next section.

HCV10: What type of place did you go to the last time you received your medical care for your Hep C infection?

- Primary Care
- Health Department
- Specialist
- Women's Health Care Clinic
- Emergency Department
- Mobile Health Clinic

- Alternative care (eg. Acupuncture, eastern/Chinese medical practitioner, chiropractor, Curandero, etc.)
- Other, please specify: _____

HCV11: What is/are the names of where/who you get HCV treatment from? (Name & location)

1. _____
2. _____
3. _____

HCV12: Have you ever been prescribed a medication(s) to treat hep c?

- (0) No (Go to next section)
- (1) Yes → **which medication(s) have you been prescribed?** (check all that apply)
- (a) Interferon (Roferon A, Intron A)
- (b) Ribavarin (Copegus, Rebetol, Moderiba, Ribasphere)
- (c) Pegylated interferon (Pegasys, PegIntron)
- (d) Antiviral (Incivek (telaprevir), Victrelis (boceprevir), Olyson (simeprevir), Sovaldi (sofosbuvir), Harvoni (sofosbuvir + ledipasvir), Viekeira (ombitasvir + paritaprevir/ritonavir + dasabuvir), taken with or without interferon or ribavirin)
- (e) Other - please specify: _____
- (f) Don't know

HCV13: Are you currently taking any medications for your hepatitis c?

- (0) No (Go to next section)
- (1) Yes → **which medication(s) have you been prescribed?** (check all that apply)
- (a) Interferon (Roferon A, Intron A)
- (b) Ribavarin (Copegus, Rebetol, Moderiba, Ribasphere)
- (c) Pegylated interferon (Pegasys, PegIntron)
- (d) Antiviral (Incivek (telaprevir), Victrelis (boceprevir), Olyson (simeprevir), Sovaldi (sofosbuvir), Harvoni (sofosbuvir + ledipasvir), Viekeira (ombitasvir + paritaprevir/ritonavir + dasabuvir), taken with or without interferon or ribavirin)
- (e) Other - please specify: _____
- (f) Don't know

Section: Healthcare Utilization

Now I am going to ask you some questions about your health and your recent medical history.

HU1: Is there a place that you usually go when you are sick or need advice about your health?

[SOURCE: NHANES]

- (0) No (go to HU3)
- (1) Yes (go to HU2)
- (2) Don't know (go to HU3)
- (9) Refused to answer (go to HU3)

HU2: What kind of place is it? [SOURCE: NHANES] (Check all that apply)

- Primary Care
- Health Department

- Minute Clinic
- Specialist
- Women's Health Care Clinic
- Urgent Care Center
- Emergency Department
- Mobile Health Clinic
- Alternative care (eg. Acupuncture, eastern/Chinese medical practitioner, chiropractor, Curandero, etc.)
- Other, please specify: _____
- (0) Refused to answer
- (0) Don't know

HU3: How many months or years ago did you last see or talk to a doctor or healthcare provider about your physical health?

- Within the last 30 days (Go to HU4)
- 1-3 months ago (Go to HU4)
- 4-6 months ago (Go to HU6)
- 7-12 months ago (Go to HU6)
- More than 1 year ago (Go to HU6)

HU4: How many times in the past three months have you visited a health care provider for medical treatment? _____

HU5: What type of place did you go to the last time you got medical treatment?

- Primary Care
- Health Department
- Minute Clinic
- Specialist
- Women's Health Care Clinic
- Urgent Care Center
- Emergency Department
- Mobile Health Clinic
- Alternative care (eg. Acupuncture, eastern/Chinese medical practitioner, chiropractor, Curandero, etc.)
- Other, please specify: _____
- (0) Refused to answer
- (0) Don't know

Go to Health Insurance Section.

HU6: In the last 3 months, have you thought you needed to see a doctor or healthcare provider for your physical health, but did not go?

- Yes (Go to HU7)
- No (Go to Next Section)

HU7: Are any of the following reasons for why you haven't been to a healthcare provider in the last three months?

	Yes	No
--	-----	----

I'm worried seeing a provider won't help		
I'm not interested/don't think I need to see a provider		
I don't know where to go		
I don't feel well enough to go (sick, tired, weak, sad)		
I can't get into a program/provider (waitlist or not taking new clients)		
I can't afford it		
I don't like the programs/providers available to me/they don't fit my needs		
Finding transportation is difficult		
Getting the free time to go is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community who find out		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried treatment will be unpleasant and interfere with my life		
I'm actively drinking or using drugs		

HU8: Are there any other reasons why you haven't been to a provider?

- Yes, please specify: _____
- No

Section: Health Insurance

HI1: Do you currently have health insurance or health care coverage?

- No (Go to HI3)
- Yes (Go to HI2)
- Don't know (Go to HI3)

HI2: What kind of health insurance or coverage do you have? (Personalize for site)

- A private health plan - through an employer/parent/spouse or purchased directly or through ACA
- Medicaid - for people with low incomes
- Medicare - for the elderly and people with disabilities
- Some other government plan
- TRICARE / CHAMPUS
- Veterans Administration coverage
- Some other health insurance
- Other, please specify: _____

HI3: Do you have a case manager or counselor who is supposed to help you get health care on a regular basis?

- Yes
- No
- Refuse to answer

Section: HIV Testing

These next questions are about HIV.

HIV1: Have you ever been tested for HIV?

⁽¹⁾ Yes (Go to HIV2) ⁽⁰⁾ No (Go to next section) ⁽³⁾ Don't know (Go to next section)

HIV2: When did you have your most recent HIV test? ____ (Month)/ ____ (Year)

HIV3: What was your most recent HIV test result?

- ⁽⁰⁾ Negative
- ⁽⁰⁾ Positive
- ⁽⁰⁾ Indeterminate
- ⁽⁰⁾ Never got the result
- ⁽⁰⁾ Don't know
- ⁽⁰⁾ Refuse to answer

If subject is HIV positive proceed, otherwise skip to next section.

HIV4: Have you seen a medical provider for your HIV infection within the past 3 months?

⁽⁰⁾ No (Go to HIV5) ⁽¹⁾ Yes (Go to HIV6) ⁽²⁾ Don't know (Go to next section)

HIV5: Are any of the following reasons for why you haven't gotten HIV care in the last three months?

	Yes	No
I'm worried seeing a provider won't help		
I'm not interested/don't think I need to see a provider		
I don't know where to go		
I don't feel well enough to go (sick, tired, weak, sad)		
I can't get into a program/provider (waitlist or not taking new clients)		
I can't afford it		
I don't like the programs/providers available to me/they don't fit my needs		
Finding transportation is difficult		
Getting the free time to go is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community who find out		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried treatment will be unpleasant and interfere with my life		
I'm actively drinking or using drugs		

Go to next section.

HIV6: What is the main place you are receiving medical care for your HIV?

- Primary Care
- Health Department
- Specialist
- Women's Health Care Clinic
- Urgent Care Center
- Emergency Department
- Mobile Health Clinic

- Alternative care (eg. Acupuncture, eastern/Chinese medical practitioner, chiropractor, Curandero, etc.)
- Other, please specify: _____
- (0) Refused to answer
- (0) Don't know

HIV7: What is the name of the place where you are receiving medical care for your HIV infection?
 _____ (Agency Name/Location)

HIV8: Have you taken any medications for your HIV infection within the past 3 months?
 (0) No (1) Yes (2) Don't know (9) Refused to answer

Section: Physical Health

PH1: How would you rate your overall health right now? [SOURCE: SAMHSA GPRA]
 (0) Excellent (1) Very good (2) Good (3) Fair (4) Poor (5) Refused (6) Don't know

PH2: Do you have a chronic medical problem other than psychiatric? (check all that apply)

- (a) Kidney disease
- (b) Liver disease
- (c) High blood pressure
- Heart disease
- (d) Asthma
- (e) Emphysema/COPD
- (f) Diabetes
- (g) Arthritis or chronic joint pain
- (f) Auto-immune disease
- (i) Other, please specify: _____

PH3: In the past year, have you had a sexually transmitted disease?

- Syphilis
- Human Papillomavirus (HPV)/genital warts
- Pelvic Inflammatory Disease (PID)
- Chlamydia
- Herpes
- Gonorrhea
- Other, please specify: _____

PH4: If female, are you currently pregnant? (0) No (1) Yes (2) Don't Know

Section: Mental Health

These next questions are about your mental and emotional health.

MH1: Have you received any counseling, therapy, or treatment for your mental or emotional health in the last 3 months?

₍₀₎ No (Go to MH4) ₍₁₎ Yes (Go to MH2) ₍₂₎ Don't know (Go to MH4) ₍₉₎ Refused to answer (Go to MH4)

MH2: What type of provider did you go to the last time you received counseling, therapy, or treatment for your mental or emotional health?

- Counselor, social worker, psychologist or therapist
- Psychiatrist
- Primary care doctor
- Other _____

MH3: What is the name of the place you currently access mental health counseling?
 _____ (Go to MH5)

MH4: Have you spoken to any provider about mental health counseling?

₍₀₎ No ₍₁₎ Yes ₍₂₎ Don't know ₍₉₎ Refused to answer

MH5: Have you ever been diagnosed by a medical provider with any of the following? (Check all that apply)

- Depression
- Anxiety
- Bipolar disorder
- Borderline personality disorder
- Schizophrenia
- ADD/ADHD
- PTSD
- Other, please specify: _____
- No - no psych diagnosis ever
- Don't know/unsure of diagnosis

MH6: Are you currently taking any medication for this condition? (Ask each time participant answers "yes" to one of the above conditions)

₍₀₎ No ₍₁₎ Yes ₍₂₎ Don't know ₍₉₎ Refused to answer

MH7: In the last 3 months, have you wanted to see someone for mental health reasons, and not gone?

₍₀₎ No (Go to next section) ₍₁₎ Yes (Go to MH8) ₍₉₎ Refused to answer (Go to next section)

MH8: Are any of the following reasons for why you haven't seen someone for mental health care in the last three months?

	Yes	No
I'm worried seeing a provider won't help		
I don't know where to go		
I don't feel well enough to go (sick, tired, weak, sad)		
I can't get into a program/provider (waitlist or not taking new clients)		

I can't afford it		
I don't like the programs/providers available to me/they don't fit my needs		
Finding transportation is difficult		
Getting the free time to go is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community who find out		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried treatment will be unpleasant and interfere with my life		
I'm actively drinking or using drugs		

Section: Other Drugs

Now I'm going to ask you about different drugs, first we'll talk about using drugs in ways other than injecting.

OD1: Have you ever used any drugs to get high that you did not inject?

₍₀₎ No (Go to OD13) ₍₁₎ Yes (Go to OD2) ₍₉₎ Refused to answer (Go to OD13)

Type of drug	a. Have you EVER used the following drugs?	b. How old were you when you first used this substance?	c. Have you used the following drugs in the LAST 3 MONTHS?	d. How many days did you take this drug in the LAST MONTH?
OD2: Cannabis (pot, hash)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD3) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD3) DA <input type="checkbox"/> ₉₉	_____# days
OD3: Hallucinogenic drugs like acid, LSD, peyote, mescaline, mushrooms	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD4) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD4) DA <input type="checkbox"/> ₉₉	_____# days
OD4: Ecstasy/X	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD5) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD5) DA <input type="checkbox"/> ₉₉	_____# days
OD5: Inhalants (e.g. glue, spray paint, paint thinner, lighter fluid, gasoline, aerosols, etc.)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD6) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD6) DA <input type="checkbox"/> ₉₉	_____# days
OD6: Prescription painkillers that are opioids such as Fentanyl, codeine, Vicodin, Percocet, Percodan, Dilaudid, or morphine pills like Opana, OxyContin/oxycodone, or liquid morphine like Roxanol?	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD7) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD7) DA <input type="checkbox"/> ₉₉	_____# days
OD7: Prescription medications used to treat addiction that are opioids, such as methadone, buprenorphine, Suboxone	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD8) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD8) DA <input type="checkbox"/> ₉₉	_____# days
OD8: Tranquilizers or benzos (such as Diazepam, Klonopin, Rohypnol, Valium, Xanax, Librium, Ativan or Restoril)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD9) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD9) DA <input type="checkbox"/> ₉₉	_____# days
OD9: Heroin (not by injection)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD10) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD10) DA <input type="checkbox"/> ₉₉	_____# days
OD10: Speed – meth, crank, ice, crystal (not by injection)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD11) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD11) DA <input type="checkbox"/> ₉₉	_____# days

OD11: Crack (not by injection)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD12) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD12) DA <input type="checkbox"/> ₉₉	_____ # days
OD12: Powder cocaine (not by injection)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD13) DA <input type="checkbox"/> ₉₉		Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ (skip to OD13) DA <input type="checkbox"/> ₉₉	_____ # days

OD13: Do you smoke tobacco?

₍₀₎ No (Go to next section) ₍₁₎ Yes (Go to OD14) ₍₉₎ Refused to answer (Go to next section)

OD14: On average, how many cigarettes do you smoke each day? (20 cigarettes per pack) _____

OD15: In the past 3 months have you used any other drugs that you did NOT inject?

No
 Yes, please specify: _____

Subject: Alcohol Use

This next section is about alcohol.

ALC1: Have you ever drank any wine, beer or liquor?

₍₀₎ No (Go to next section) ₍₁₎ Yes (Go to ALC2) ₍₉₎ Refused to answer (Go to next section)

ALC2: In the past 3 months, did you drink any wine, beer or liquor?

₍₀₎ No (Go to next section) ₍₁₎ Yes (Go to ALC3) ₍₉₎ Refused to answer (Go to next section)

ALC3: How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

ALC4: How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

ALC5: How often do you have 6 or more drinks on one occasion?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

Subject: First Injection

Now I'm going to ask you some questions about the very first time you injected drugs.

FIN1: When did you first inject drugs?

_____Month _____Year
____Age at the time

FIN2: What drug or drug combination did you inject the first time you injected? (Choose only one)

- Heroin by itself
- Crack cocaine by itself
- Cocaine (powder) by itself
- Heroin and cocaine together (speedball)
- Methamphetamine/crystal by itself
- Methamphetamine/crystal and heroin together
- China White by itself
- Black Tar by itself
- Heroin and crystal/meth together
- China White and crystal/meth together
- OxyContin
- Other prescription opiates (Vicodin, Darvon, Percocet)
- Tranquilizers without a prescription (Rivotril, Diazepam, Valium, Ativan or Restoril)
- Barbiturates without a prescription (Amytal, Nembutal, and Seconal)
- Other drug or combination that was not already mentioned, please specify: _____

FIN3: Who did you inject with the first time you injected? (Check all that apply)

- Friends
- Family
- Spouse
- Sexual partner (other than your spouse)
- Acquaintance
- Drug dealer
- Strangers
- Alone
- Other, please specify: _____

FIN4: Who injected you the first time you injected?

- Myself
- Friend
- Family

- Spouse
- Sexual partner (other than your spouse)
- Acquaintance
- Drug dealer
- Stranger
- Other (please specify): _____

Subject: Injection Practices

Now I'm going to ask you about your injection practices.

INP1: In a typical week that you inject drugs, how many days do you inject at least once a day? (Choose only one)

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- Everyday
- Don't Know
- Refuse to Answer
- Not Applicable

INP2: On the days that you inject, how many times do you inject in a day?

INP3: In the last 30 days, on how many days did you shoot up anything including medication?

INP4: In the last 3 months, where have you injected drugs? (*Personalize for site*)

- At your home
- At someone else's home
- Bar/club
- On the street
- Park
- Public restroom
- Car
- Other, please specify: _____

INP5: In the last 3 months, where were you most often when you injected drugs?

- At your home
- At someone else's home
- Bar/club
- On the street
- Park
- Public restroom
- Car
- Other, please specify: _____

Subject: Injection Use

Now we're going to talk about several different drugs that you might inject.

Type of drug	a. Have you EVER injected the following drugs?	b. How old were you when you first injected this?	c. Have you injected the following drugs in the LAST 3 MONTHS?	d. How many days did you inject this drug in the LAST MONTH?
INJ1: Speedball or 1-on-1's (heroin & cocaine)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ2) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ2) DA <input type="checkbox"/> 99	_____ # days
INJ2: Goofballs (heroin & speed/meth)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ3) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ3) DA <input type="checkbox"/> 99	_____ # days
INJ3: Heroin by itself – not mixed	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ4) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ4) DA <input type="checkbox"/> 99	_____ # days
INJ4: Speed/meth/crystal by itself – not mixed	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ5) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ5) DA <input type="checkbox"/> 99	_____ # days
INJ5: Cocaine by itself – not mixed	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ6) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ6) DA <input type="checkbox"/> 99	_____ # days
INJ6: Crack	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ7) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ7) DA <input type="checkbox"/> 99	_____ # days
INJ7: Prescription painkillers that are opioids such as Fentanyl, codeine, Vicodin, Percocet, Percodan, Dilaudid, or morphine pills like Opana, OxyContin/oxycodone, or liquid morphine like Roxanol?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ8) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ8) DA <input type="checkbox"/> 99	_____ # days
INJ8: Prescription medications used to treat addiction, such as methadone, buprenorphine, Suboxone	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ9) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ9) DA <input type="checkbox"/> 99	_____ # days
INJ9: Tranquilizers or benzos (such as Diazepam, Klonopin, Rohypnol, Valium, Xanax, Librium, Ativan or Restoril)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ10) DA <input type="checkbox"/> 99		Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (skip to INJ10) DA <input type="checkbox"/> 99	_____ # days

INJ10: In the last three months have you injected anything else I haven't mentioned already? (Do not include injections administered by a medical professional)

⁽⁰⁾ No (Go to INJ12) ⁽¹⁾ Yes (Go to INJ11) ⁽⁹⁾ Refused to answer (Go to INJ12)

INJ11: What other substances have you injected? (If more than 2, pick the 2 used the most)

INJ12: Of the drugs you inject, which drug do you inject the most often?

Subject: Opioid Addiction

If participant answered "Yes" to OD6a, OD7a, INJ7a or INJ8a, ask the questions in this section. Otherwise, skip to next section.

Now I'm going to ask you some questions specifically about using opioids.

OPD1: What was the first type of opioid you were exposed to? [choose only one response]

- Pharmaceutical (Opana, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone)
 Heroin or opium

OPD2: What was the main reason you first used opioids? (Choose one)

- Pain management/relief
 To get high
 Other, please specify: _____

OPD3: Thinking back to the very first time you used a prescription opioid (fentanyl, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone, buprenorphine), did you get it from:

- ⁽⁰⁾ A physician for pain
⁽¹⁾ Friend or family member gave it to you
⁽¹⁾ Stole it from someone's medicine cabinet/prescription bottle
⁽²⁾ Bought it from someone
⁽³⁾ Other, please specify: _____

Now I'm going to ask you a few questions about when opioid addiction. While someone at first may use opioids to get high, once someone becomes addicted 1) they may continue to use opioids to avoid going into withdrawal, 2) have to use more opioids to get the same high as when they first started using, and 3) their opioid use causes problems with their families, their job and/or the criminal justice system.

OPD4: How old were you when you believe you had an addiction to opioids? _____

If participant says they are not addicted to opioids, skip to next section.

OPD5: What is the type of opioid that you first became addicted to? [choose only one response]

- Pharmaceutical/pills
 Street opioids (i.e. heroin non-injected)
 Street opioids (i.e. heroin injected)

OPD6: What is the source of opioids that you believe led to your addiction?

- Prescription (Go to OPD7)
- Family (Go to OPD8)
- Friend (Go to OPD8)
- On the street (Go to OPD8)
- Other _____ (Go to OPD8)

OPD7: If prescribed: *If known, please list in chronological order*

Type of provider: (1) _____ Prescription: (1) _____
(2) _____ (2) _____
(3) _____ (3) _____

Reason for Prescription (*type of pain/medical condition, cause of injury/illness*):

If participant responded "Yes" to INJ3, ask OPD8, otherwise skip to next section.

OPD8: What is the main reason that you started injecting heroin?

- Ease of access
- Cost
- I like it better
- It's what my friends were using
- Other, please specify: _____

Subject: Buying Drugs

These next questions are about buying drugs with someone else.

BDR1: In the last 3 months, how often did you pool your money together with other people to buy drugs to inject?

- Always
- Usually
- Sometimes
- Rarely
- Never (Go to next section)

BDR2: How many different people did you pool money with to buy drugs to inject in the past 3 months?

Subject: Rigs/Syringes

Now I'm going to ask you some questions about your rigs and sharing rigs.

RIG1: In the past 3 months, how many times did you use a syringe before you got rid of it?

RIG2: In the last 3 months when you used a syringe for injecting drugs, what did you do with the syringe when you were done? (Check all that apply)

- Kept it to use on yourself again
- Gave it to someone else
- Left it where you shot up
- Sold/rented it
- Threw it away
- Returned it to syringe exchange
- Returned it to person you borrowed it from
- Threw it away in a safe disposal box
- Took it to a pharmacy
- Took it to a hospital, clinic or health department
- Other, please specify: _____

RIG3: Since you started injecting, have you ever let someone use your rig after you used it?

- (0) No (Go to RIG4) (1) Yes

RIG4: In the past 3 months, have you let someone use your rig after you used it?

- (0) No (Go to RIG5) (1) Yes

RIG4: In the past 3 months, how many different people did you let use your rig after you? [SOURCE: UFO] _____

RIG5: Since you started injecting, have you ever used a rig that someone else used before you? (Including if the syringe was cleaned first)? [SOURCE: UFO] (0) No (Go to next section) (1) Yes

RIG6: In the past 3 months, have you used someone else's rig after they've used it? [SOURCE: UFO]

- (0) No (Go to next section) (1) Yes

RIG7: In the last 3 months, how many different people were there whose rigs you used after them? _____ [SOURCE: UFO]

RIG8: When you injected in the last 3 months with other people, how often did you use a syringe that had been used before by someone else, even if the syringe was cleaned first? [SOURCE: STAHR2]

- Never
- Less than half the time
- About half of the time
- More than half the time
- Always

RIG9: In the last 3 months, when you injected with a syringe that had been used by somebody else, how often did you clean it with bleach before you used it? [SOURCE: STAHR2]

- Never
- Less than half the time
- About half of the time
- More than half the time
- Always

Subject: Works

Now I'm going to ask you some questions about works – things like cottons, cookers, and water.

WOR1: Have you ever shared a cooker or other container for dissolving drugs, or used one that had already been used by someone else? [SOURCE: UFO] (0) No (go to WOR4) (1) Yes

WOR2: In the last 3 months, did you ever use a cooker or other container for dissolving drugs that had already been used by someone else? (0) No (Go to WOR4) (1) Yes

WOR3: In the last 3 months, how often did you use a cooker or other container for dissolving drugs that had already been used by someone else? [SOURCE: UFO]
 (0) Always (0) Usually (0) Sometimes (0) Rarely (0) Never

WOR4: Have you ever injected someone's rinse (injecting the residue from someone else's cotton or cooker)? [SOURCE: UFO] (0) No (1) Yes

WOR5: Have you injected someone's rinse in the last 3 months? [SOURCE: UFO] (0) No (1) Yes

WOR6: In the past 3 months, with how many different people did you use the same cooker, cotton, or water that they had already used? [SOURCE: NHBS] _____

WOR7: Who did you share a cooker, cotton, or water with in the last 3 months? [SOURCE: STAHR2]
(Check all that apply)

- (0) Friend
- (0) Family/Spouse
- (0) Sexual partner (other than your spouse)
- (0) Acquaintance
- (0) Sex worker
- (0) Your pimp
- (0) Sex client/ "John"
- (0) No one, I always inject alone
- (0) Other (please specify): _____

Subject: Dividing Drugs

Now I'm going to ask you about dividing drugs.

DID1: In the last three months did your rig get backloaded or piggybacked? By backloading, I mean using another needle to load your rig. [SOURCE: UFO] (0) No → If no, skip to next section (1) Yes

DID2: In the last 3 months, how often did your rig get backloaded?
 (0) Always (0) Usually (0) Sometimes (0) Rarely (0) Never

DID3: Had the rig used to load yours ever been used by anyone (including you) to inject? [SOURCE: UFO] (0) No (1) Yes

DID4: In the past 3 months, with how many different people did you use drugs that had been divided with a syringe that they had already used? [SOURCE: NHBS] _____

Subject: Equipment Source

These next questions are about where you get your needles and works from.

SEP1: In the past 3 months, which place or places on this list did you personally get new sterile needles from (including getting them for other people)? [SOURCE: NHBS] (Check all that apply)

- (0) Pharmacy or drug store
- (0) Spouse
- (0) Family member
- (0) Sex partner (other than spouse)
- (0) Friend
- (0) Drug dealer
- (0) Hot house
- (0) Syringe exchange program (you exchanged it yourself)
- (0) Someone who gets them from a syringe exchange program
- (0) On the street (bought)
- (0) Doctor/clinic/hospital/store
- (0) Outreach worker
- (0) Some other place, please specify: _____
- (0) Don't know
- (0) Refuse to answer

SEP2: In the past 3 months, what was the most common place where you got new sterile needles? [SOURCE: NHBS] (Choose one only)

- (0) Pharmacy or drug store
- (0) Spouse
- (0) Family member
- (0) Sex partner (other than spouse)
- (0) Friend
- (0) Drug dealer
- (0) Shooting gallery
- (0) Syringe exchange program (you exchanged it yourself)
- (0) Someone who gets them from a syringe exchange program
- (0) On the street (bought)
- (0) Doctor/clinic/hospital/store
- (0) Outreach worker
- (0) Some other place, please specify: _____
- (0) Don't know
- (0) Refuse to answer

SEP3: In the past 3 months, have you gotten any new cookers, cotton, or water? [SOURCE: NHBS]

- (0) No (Go to SEP5) (1) Yes

SEP4: Which place or places on this list did you get those items from? [SOURCE: NHBS]

- (0) Pharmacy or drug store
- (0) Spouse
- (0) Family member
- (0) Sex partner (other than spouse)
- (0) Friend
- (0) Drug dealer
- (0) Shooting gallery
- (0) Syringe exchange program (you exchanged it yourself)
- (0) Someone who gets them from a syringe exchange program
- (0) On the street (bought)
- (0) Doctor/clinic/hospital/store
- (0) Outreach worker
- (0) Some other place, please specify: _____
- (0) Don't know
- (0) Refuse to answer

SEP5: Are you aware of any syringe exchange programs in your area? [SOURCE: STAHR2]

- (0) No (Go to SEP9) (1) Yes

SEP6: Have you used a local syringe exchange program (SEP) in the last 3 months? [SOURCE: STAHR2]

- (0) No (Go to SEP9) (1) Yes

SEP7: In the past 3 months, how often have you gone to the syringe exchange program?

of times in a week: _____

of times in a month: _____

SEP8: Each time you go to the SEP, on average, how many syringes do you get that are for your use only? _____

SEP9: In the last 3 months, how easy or hard was it for you to get new, unused syringes? [SOURCE: STAHR2]

- Never tried to get new, unused syringes (go to SEP11)
- Very Easy (go to SEP11)
- Easy (go to SEP11)
- Hard (go to SEP10)
- Very Hard (go to SEP10)

SEP10: What was the main reason it was hard to get new, unused syringes? [SOURCE: STAHR2]

- They cost too much/No money to buy them
- No place to legally buy them/store won't sell to me
- No syringe exchange program nearby
- I'm worried about getting caught/arrested by police with syringes
- Other (please specify): _____

SEP11: In the past 3 months, did you obtain USED syringes in any of the following ways? [SOURCE: STAHR2] (check all that apply)

- By paying for it

- By sharing drugs with someone
- By borrowing it
- By providing food/shelter to someone
- By having sex with someone
- By picking it up off the street
- Not applicable, never obtained a used syringe
- Other (please specify): _____

Subject: Overdose

The next questions are about overdosing on heroin or other opioids (like OxyContin, Opana or methadone). Different people have different ideas about what an overdose is. For these questions, we mean only those times when someone loses consciousness and something had to be done to bring them back.

OD1: Have you ever overdosed? (0) No (1) Yes

OD2: Have you ever received overdose prevention education?

- (0) No (1) Yes (2) Don't know

OD3: Have you ever received Narcan (naloxone) for personal use (not administered by a medical professional)? *[Interviewer note: In Ohio, if subject received an overdose prevention kit and a prescription for naloxone, but did not fill the prescription - check no.]*

- (0) No (Go to OD4)
 (1) Yes, I received an overdose prevention kit with naloxone (Go to OD5)
 (2) Don't know (Go to OD5)

OD4: If no, why have you not received Narcan (naloxone)? *[Check all that apply]*

- (0) I am not familiar with Narcan
 (1) I do not need Narcan
 (2) I do not know where to go to get Narcan
 (3) I received a prescription for Narcan, but the pharmacy would not fill the prescription
 (4) I do not have the money to pay for Narcan
 (5) I do not need Narcan because I know someone who has it
 (6) Other, please specify: _____

OD5: Is there a place that you can go now to receive Narcan (naloxone)? *[Interviewer note: During the course of the study, states may authorize collaborative practice agreements allowing over-the-counter purchase of naloxone at a pharmacy.]*

- (0) No (1) Yes (2) Don't know

If yes, where:

- (0) A public health clinic
 (1) Syringe Exchange Program

- (2) Doctor's office or other health clinic
- (3) Addiction or mental health treatment program
- (4) Pharmacy or over-the-counter
- (5) Other, please specify: _____

Subject: Readiness for Treatment

These next questions are about how you feel about your current drug use.

RFT1: Which of the following statements best reflects your use of (drug used most) at the present time.

- I have stopped using _____
- I want to use more of _____
- I have no desire or intention to stop using _____
- I think about not using _____, but have no specific plan to stop yet
- I have contacted a treatment agency or taken some other specific step with the intention of stopping my use of _____

RFT2: Which of the following statements best reflects your use of alcohol at the present time.

- I have stopped drinking
- I want to drink more
- I have no desire or intention to stop drinking
- I think about not drinking, but have no specific plan to stop yet
- I have contacted a treatment agency or taken some other specific step with the intention of stopping my drinking

Subject: Past Experiences With Treatment

These next questions are about your past experiences with drug or alcohol treatment.

PET1: Have you ever been in any kind of treatment or counseling for drug or alcohol use?

- Yes No (Go to next section)

PET2: How many times in your life have you received any type of professional help for your use of drugs?

PET3: How old you were you the first time you received drug treatment?

PET4: For which drugs have you ever received treatment? (Check all that apply)

- Alcohol
- Heroin
- Prescription opioids (*fentanyl, Opana, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin*)
- Benzos: Sedatives or sleeping pills (*Soma, Valium, Serepax, Ativan, Xanax, Librium, Rohypnol*)
- Cocaine or crack
- Prescription stimulants (*Ritalin, Concerta, Dexedrine, Adderall, diet pills*)
- Amphetamines

- Cannabis (*marijuana, pot, grass, hash*)
- Inhalants
- Other, please specify

PET5: What kind of drug treatment have you ever received in the past? (Check all that apply)

- Methadone detox
- Methadone maintenance
- Buprenorphine detox
- Buprenorphine maintenance
- Residential treatment
- NA, AA, 12-step or other abstinence-based program
- Outpatient program
- Intensive outpatient program
- Outpatient stimulant program
- Alternative treatments
- Other, Please specify:

PET6: If “Methadone detox” is selected, specify the length of time you stayed in the methadone detox _____

PET7: If “Buprenorphine detox” is selected, specify the length of time you stayed in the buprenorphine detox. _____

Subject: Recent Experiences with Treatment

These next questions are about your recent experiences with drug or alcohol treatment.

RET1: Have you attended or participated in any form of drug treatment in the past 3 months?

- Yes No (Go to RET6)

RET2: For which drugs did you receive treatment in the past 3 months? (Check all that apply)

- Alcohol
- Heroin
- Other opioids or painkillers
- Other sedatives
- Cocaine or crack
- Amphetamines
- Cannabis
- Inhalants
- Other, please specify

RET3: What kind of drug treatment did you receive in the past 3 months? (Check all that apply)

- Methadone detox
- Methadone maintenance
- Buprenorphine detox
- Buprenorphine maintenance
- Residential treatment

- NA, AA, 12-step or other abstinence-based program
- Outpatient program
- Intensive outpatient program
- Outpatient stimulant program
- Alternative treatments
- Other, Please specify: _____

RET4: If "Methadone detox" is selected, specify the length of time you stayed in the methadone detox {eg '21 day'} program. _____

RET5: If "Buprenorphine detox" is selected, specify the length of time you stayed in the buprenorphine detox {eg '21 day'} _____

RET6: During the last 3 months, did you want to get drug treatment but did not go?
 Yes No (Go to next section)

RET7: Are any of the following reasons for why you haven't gotten treatment in the last three months?

	Yes	No
I'm worried going to treatment won't help		
I'm not interested/don't think I need treatment		
I don't know where to go		
I don't feel well enough to go (sick, tired, weak, sad)		
I can't get into a program (waitlist or not taking new clients)		
I can't afford it		
I don't like the programs/providers available to me/they don't fit my needs		
Finding transportation is difficult		
Getting the free time to go is difficult		
I'm afraid of being judged or treated badly by family, friends or others in the community who find out		
I'm afraid of being judged or treated badly by the treatment staff		
I'm worried treatment will be unpleasant and interfere with my life		

RET8: Are there any other reasons why you haven't been to a drug treatment/medical provider or program?

- Yes, please specify: _____
- No

RET9: In the past three months, have you been on a waiting list to receive drug treatment?

- Yes No (Go to RET13)

RET11a: If yes, where are you on a waitlist for treatment? _____

RET11b: How long have you been on a waitlist? _____

RET10: What type of treatment?

- Methadone maintenance

- Buprenorphine maintenance
- Other, please specify

RET11: Have you ever received medication assisted treatment (MAT) (buprenorphine, methadone, vivitrol, naltrexone, etc.) for drug dependence/addiction?

- (0) No
- (1) Yes

RET12: Are you currently receiving MAT?

- (1) Yes, I'm currently receiving MAT → please specify:
 - Name/location of treatment provider: _____
 -Name of medication taking
 - (0) Suboxone/Subutex (buprenorphine)
 - (0) Methadone
 - (0) Vivitrol/oral naltrexone
 - (0) Other, please specify: _____
- (0) No

Subject: Sex Partners

This next set of questions is about people that you have had sex with in the last 3 months, which means anyone that you have had vaginal, anal or oral sex with, even if it was only once. We'll also talk about people you shoot up with, so people that are injecting in the same room or space with you, and who you might share injectable drugs or equipment such as needles, cookers, cottons, or rinse water.

SEX1: Have you ever had any sexual partners? (0) No (skip to next section) (1) Yes

SEX2: In the last 3 months, how many different people did you have sex with? _____

SEX3: In the last 3 months, how often did you use a condom when you had vaginal or anal sex with partners? [SOURCE: UFO]

- (0) Never
- (1) Sometimes
- (2) About half of the time
- (3) Often
- (4) Always

SEX4: How many of your sex partners in the last 3 months paid for sex with money? _____

SEX5: How many of your sex partners in the last 3 months did you have sex with who gave you drugs, food, clothing, a place to stay or other things you needed (but not cash) in exchange for sex, where you wouldn't have had sex with them otherwise? [SOURCE: UFO] _____

SEX6: In the past 3 months, of all the people you had sex with, how many of them did you also inject with? [SOURCE: UFO] _____

SEX7: Of those, how many did you share a syringe with? _____

SEX8: Even if you didn't share a syringe, how many did you share a cotton, cooker and/or rinse water with? _____

Subject: Injection Partners

In this next session we're going to talk more about injecting with other people.

INP1: In the last 3 months, how often did you shoot up alone? *[SOURCE: UFO]*

Always (Go to next section) Usually Sometimes Rarely Never

INP2: In the last 3 months, thinking of the times you have injected with other people, on average how many different people did you usually inject with? _____

Now I'd like to ask you some more detailed questions about the 3 people you've injected with the most in the LAST 3 MONTHS.

NAME/ Nickname	Gender 1=Male 2=Female 3=Transgender	Estimated Age in Years	RELATIONSHIP*	How long have you known this person?	What TOWN/CITY does this person live in?	IDU/ SEXUAL PARTNER (0=Neither, 1=IDU Only, 2=Sex Only, 3=IDU+Sex)	IDU SHARING (0=None, 1=Syringe, 2=Water, 3=Cooker, 4=Cotton, 5=Other)	HEP C STATUS (0=Negative, 1=Positive, 2=Don't know)	KNOWS MY HEP C STATUS (0=No, 1=yes)	FREQUENCY IDU SHARING (0=Less than monthly, 1=monthly, 2=weekly, 3=daily)	IDU DRUGS W/PERSON (1=Heroin, 2=Rx Opioids, 3=Meth/Amphetamines, 4=Cocaine, 5=Other; enter multiple numbers for combined drugs injected)	FREQUENCY DIVIDING DRUGS (1=Always, 2=Usually, 3=Sometimes, 4=Rarely, 5=Never)	HIV STATUS (0=Negative, 1=Positive, 2=Don't know)	KNOWS MY HIV STATUS (0=No, 1=yes)
1.														
2.														
3.														

NOTES: IDU=injection drug use

*1=Friend, 2=Family, 3=Spouse (Legal or common law), 4=Sexual partner (other than spouse), 5=Acquaintance, 6=Dealer, 7=Stranger, 8=Sex worker, 9=other

Prison/Jail

Subject: Prison/Jail Time

These next questions are about your experience with prison and jail. Jail is a county or city detention center for persons awaiting trial or those convicted of minor crimes (petty theft, urinating in the street). Prison is under state or federal jurisdiction for persons convicted of serious crimes.

PRI1: Have you ever been on probation or parole at any time in your life?

Yes No (Go to PRI4)

PRI2: Are you currently on probation or parole, or have you been on probation in the last 3 months?

Yes No (Go to PRI4)

PRI3: Was it drug related?

Yes No

PRI4: How many times have you been in jail or prison?

Subject: Technology

In this section I will ask you about your experiences with cell phones and the internet.

TECH1: Do you have your own personal computer, meaning you are the person using it the majority of the time? [SOURCE: NAR] (0) No (1) Yes

TECH2: Do you currently have a cell/mobile phone? [SOURCE: NAR] (0) No (1) Yes →

TECH2A: Do you have a (1) Monthly contract (2) Annual contract (3) Other, specify: _____

TECH3: Do you access the internet from your phone? (0) No (1) Yes

TECH4: Do you have unlimited text messaging? (0) No (1) Yes

Have you used?			If Used, Frequency of Use			
Internet.....	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	8b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Text messaging	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	9b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Blogs	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	10b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Instant Messaging	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	11b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Online Discussion	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	12b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Boards/Chat Rooms ..						
Skype.....	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	13b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Facebook	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	14b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Twitter	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	15b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily
Other, please specify:	<input type="checkbox"/> (0)No	<input type="checkbox"/> (1)Yes	16b) <input type="checkbox"/> (0)Yearly	<input type="checkbox"/> (1)Monthly	<input type="checkbox"/> (2)Weekly	<input type="checkbox"/> (3)Daily

Please indicate your interest in using the following regarding hep c prevention &	Very	Somewhat	Somewhat	Very
	Intereste	Interested	Disinterested	Disinterested

treatment:	d			
Appointment reminders via <i>e-mail</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Appointment reminders via <i>text message</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Appointment reminders via <i>phone message</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Using video conferencing to communicate with your doctor/clinician/counselor	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Reminders regarding taking prescription via <i>e-mail</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Reminders regarding taking prescription via <i>text message</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Reminders regarding taking prescription via <i>phone message</i>	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Peer support group online	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Ability to download educational information on hep c	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Smartphone applications related to hep c	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
Receiving hep C prevention & treatment information via e-mail	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

Housing/Income

Subject: Housing and Income

HAI1: In the past 3 months, where have you been living most of the time? [SOURCE: SAMHSA GPRA]

[Do not read the responses to the participant.]

- (0) Shelter (*Safe havens, transitional living center, low-demand facilities, reception center, other temporary day or evening facility*)
- (1) Street/outdoors (*sidewalk, doorway, park, public or abandoned building*)
- (2) Institution (*hospital, nursing home, jail/prison*)
- (3) Own/rent apartment, room or house
- (4) Someone else's apartment, room or house
- (5) Dormitory/college residence
- (6) Halfway house
- (7) Residential treatment facility/program (*mental health or substance abuse*)
- (8) Other, specify: 10a _____
- (77) Refused
- (88) Don't know

HAI2: Are you currently a student?

- Yes
- No

HAI3: In the last 3 months, what were all your sources of income? [SOURCE: UFO] (Check all that apply)

- Regular job, employed with a regular salary (*full or part-time*)
- Informal work, temporary work or odd jobs (*include under-the-table*)
- Student financial aid

- SSI/disability/VA
- GA/welfare/food stamps/AFDC
- Unemployment benefits
- Family/friends/partner
- Panhandling
- Selling sex
- Selling drugs
- Stealing/Boosting
- No income
- Other, please specify: _____