**Form Approved**

**OMB No. 0920-New**

**Expiration Date XX/XX/XXXX**

**Prevent Hepatitis Transmission among Persons Who Inject Drugs**

**Attachment 3C   
Follow-up Survey Instrument**

**Form Approved**

**OMB No. 0920-New**

**Expiration Date XX/XX/XXXX**

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**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

**DEM10: What sex do you identify yourself with now?**

(0) Male

(1) Female

(2) Transgender - MTF

(3) Transgender - FTM

(4) Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEM11: 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

(5) Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEM12: Do you consider yourself to be Hispanic/Latin?** (0) **No** (1) **Yes**

**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), Olysion (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), Olysion (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

() 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 1No 2 (skip to OD3)DA 99 |  | Yes 1No 2 (skip to OD3)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD3: Hallucinogenic drugs like acid, LSD, peyote, mescaline, mushrooms | Yes 1No 2 (skip to OD4)DA 99 |  | Yes 1No 2 (skip to OD4)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD4: Ecstasy/X | Yes 1No 2 (skip to OD5)DA 99 |  | Yes 1No 2 (skip to OD5)DA 99 | \_\_\_\_\_\_\_\_\_\_\_# days |
| OD5: Inhalants (e.g. glue, spray paint, paint thinner, lighter fluid, gasoline, aerosols, etc.) | Yes 1 No 2 (skip to OD6)DA 99 |  | Yes 1No 2 (skip to OD6)DA 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 1No 2 (skip to OD7)DA 99 |  | Yes 1No 2 (skip to OD7)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD7: Prescription medications used to treat addiction that are opioids, such as methadone, buprenorphine, Suboxone | Yes 1No 2 (skip to OD8)DA 99 |  | Yes 1No 2 (skip to OD8)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD8: Tranquilizers or benzos (such as Diazepam, Klonopin, Rohypnol, Valium, Xanax, Librium, Ativan or Restoril) | Yes 1No 2 (skip to OD9)DA 99 |  | Yes 1No 2 (skip to OD9)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD9: Heroin (not by injection) | Yes 1No 2 (skip to OD10)DA 99 |  | Yes 1No 2 (skip to OD10)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD10: Speed – meth, crank, ice, crystal (not by injection) | Yes 1No 2 (skip to OD11)DA 99 |  | Yes 1No 2 (skip to OD11)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD11: Crack (not by injection) | Yes 1No 2 (skip to OD12)DA 99 |  | Yes 1No 2 (skip to OD12)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| OD12: Powder cocaine (not by injection) | Yes 1No 2 (skip to OD13)DA 99 |  | Yes 1No 2 (skip to OD13)DA 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 1No 2 (skip to INJ2)DA 99 |  | Yes 1No 2 (skip to INJ2)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ2: Goofballs (heroin & speed/meth) | Yes 1No 2 (skip to INJ3)DA 99 |  | Yes 1No 2 (skip to INJ3)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ3: Heroin by itself – not mixed | Yes 1No 2 (skip to INJ4)DA 99 |  | Yes 1No 2 (skip to INJ4)DA 99 | \_\_\_\_\_\_\_\_\_\_\_# days |
| INJ4: Speed/meth/crystal by itself – not mixed | Yes 1No 2 (skip to INJ5)DA 99 |  | Yes 1No 2 (skip to INJ5)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ5: Cocaine by itself – not mixed | Yes 1 No 2 (skip to INJ6)DA 99 |  | Yes 1No 2 (skip to INJ6)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ6: Crack | Yes 1No 2 (skip to INJ7)DA 99 |  | Yes 1No 2 (skip to INJ7)DA 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 1No 2 (skip to INJ8)DA 99 |  | Yes 1No 2 (skip to INJ8)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ8: Prescription medications used to treat addiction, such as methadone, buprenorphine, Suboxone | Yes 1No 2 (skip to INJ9)DA 99 |  | Yes 1No 2 (skip to INJ9)DA 99 | \_\_\_\_\_\_\_\_\_\_\_\_# days |
| INJ9: Tranquilizers or benzos (such as Diazepam, Klonopin, Rohypnol, Valium, Xanax, Librium, Ativan or Restoril) | Yes 1No 2 (skip to INJ10)DA 99 |  | Yes 1No 2 (skip to INJ10)DA 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…………... | (0)No | (1)Yes | 8b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Text messaging …. | (0)No | (1)Yes | 9b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Blogs …………... | (0)No | (1)Yes | 10b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Instant Messaging | (0)No | (1)Yes | 11b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Online Discussion Boards/Chat Rooms .. | (0)No | (1)Yes | 12b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Skype…………… | (0)No | (1)Yes | 13b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Facebook ………. | (0)No | (1)Yes | 14b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Twitter ………… | (0)No | (1)Yes | 15b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |
| Other, please specify: | (0)No | (1)Yes | 16b) (0)Yearly | (1)Monthly | (2)Weekly | (3)Daily |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please indicate your interest in using the following regarding hep c prevention & treatment:** | **Very**  **Interested** | **Somewhat Interested** | **Somewhat Disinterested** | **Very**  **Disinterested** |
| Appointment reminders via *e-mail* | (0) | (1) | (2) | (3) |
| Appointment reminders via *text message* | (0) | (1) | (2) | (3) |
| Appointment reminders via *phone message* | (0) | (1) | (2) | (3) |
| Using video conferencing to communicate with your doctor/clinician/counselor | (0) | (1) | (2) | (3) |
| Reminders regarding taking prescription via *e-mail* | (0) | (1) | (2) | (3) |
| Reminders regarding taking prescription via *text message* | (0) | (1) | (2) | (3) |
| Reminders regarding taking prescription via *phone message* | (0) | (1) | (2) | (3) |
| Peer support group online | (0) | (1) | (2) | (3) |
| Ability to download educational information on hep c | (0) | (1) | (2) | (3) |
| Smartphone applications related to hep c | (0) | (1) | (2) | (3) |
| Receiving hep C prevention & treatment information via e-mail | (0) | (1) | (2) | (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_