Injection Drug Use Surveillance Project

Attachment # 3

Eligibility Screening Form

IDU Surveillance Questionnaire

Please complete the survey below.

"**Public reporting burden of this collection of information is estimated to average 30 minutes per survey, including the time for reviewing instructions, administering questions and entering responses. 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)."**

IE1. INTERVIEWER: Please enter today's date
(mm/dd/yyyy):

_____

IE2. INTERVIEWER: Please enter the current time
(hh:mm) using a 24-hour clock. Example: 1:30pm
should be entered as 13:30.

_____

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IE3. INTERVIEWER: Interviewer ID:

_____

IE4. INTERVIEWER: City (SSP location):

- ◯ [CITY 1]
- ◯ [CITY 2]
- ◯ [CITY 3]

IE5. INTERVIEWER: Participant ID:

_____
(Must be 4 digits)

IE6. Please copy the following unique Survey ID in
the text box:
[SSPCITY:value] [PID:value]

_____
(Do not add any spaces.)

IE7. INTERVIEWER: Is [SURID] correct?
- ○ No
- ○ Yes

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IE8. INTERVIEWER: Field Site ID:

_____

IE9. INTERVIEWER: Was the respondent selected from the syringe exchange program?   ○ No
○ Yes

READ: "I'd like to thank you again for your interest in this health survey. Remember that all information you give me will be kept private and I will not ask for your name. Most people have never been in an interview like this one. Some questions may sound awkward, but I need to read them as worded so everyone in the study is asked the same questions. First, I will ask you a few questions about yourself and then the computer will determine if you have been selected to participate in the health survey."

HIDDEN, AUTOMATIC CALCULATION: Start time of
eligibility screener

_____

ES1a. What is your month and year of birth?

[INTERVIEWER: FIRST ENTER MONTH OF BIRTH]

◯ January
◯ February
◯ March
◯ April
◯ May
◯ June
◯ July
◯ August
◯ September
◯ October
◯ November
◯ December
◯ Don't Know
◯ Refuse to Answer

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ES1b. [INTERVIEWER: ENTER YEAR OF BIRTH]

_____
(IF DON'T KNOW OR REFUSED, LEAVE BLANK)

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DOB -- HIDDEN CALCULATION: Create concatenated date
of birth variable: DOB_M, "/", "15",
"/", DOB_Y. Impute the 15th day of the month to
create a date variable that we can use in
calculations.

_____

AGE1 -- HIDDEN CALCULATION: Calculate age from date
of birth (DOB)

_____

AGE2 -- HIDDEN CALCULATION: Calculate age from date
of birth (DOB), then subtract 1 year

_____

ES1c. So, you are [AGE1] years old. Is that correct? ◯ No
◯ Yes

ES1d. So, you are [AGE2] years old. Is that correct? ○ No
○ Yes

AGE -- HIDDEN CALCULATION: Calculated age, confirmed
by R

_____

ES2. Do you consider yourself to be Hispanic, Latino/a, or Spanish origin?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer
(If necessary, say "Just tell me Yes or No.")

[GIVE RESPONDENT FLASHCARD A.]

ES3. Which racial group or groups do you consider yourself to be in? You may choose more than one option.

[READ choices. CHECK ALL that apply.]

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't Know
- ☐ Refuse to Answer
- ☐ Not Applicable

[GIVE RESPONDENT FLASHCARD B.]

ES4. What best describes your gender? You may choose more than one option.

[READ choices. CHECK ALL that apply.]

☐ Man
☐ Woman
☐ Genderqueer/non-binary
☐ Trans man
☐ Trans woman
☐ Other gender not listed
☐ Don't Know
☐ Refuse to Answer

ES4spec. INTERVIEWER: What best describes your
gender?

_____

ES5. What was your sex at birth?

[DO NOT READ choices.]

○ Male
○ Female
○ Intersex/ambiguous
○ Don't Know
○ Refuse to Answer

ES6. How well do you speak English?

[READ choices.]

◯ Very well
◯ Well
◯ Not well
◯ Not at all
◯ Don't Know
◯ Refuse to Answer

READ: "Now I am going to ask you about experiences you may have had with injecting drugs. This means injecting drugs yourself or having someone who is not a healthcare provider inject you with a needle, either in your vein, under the skin, or in the muscle.

Please only think about drugs you may have gotten without a prescription from your doctor or other healthcare provider, like heroin, methamphetamine, and drugs like Oxycontin. Please also think about drugs that were prescribed to you, but you used them in ways other than instructed by your doctor or healthcare provider."

ES7. Have you ever in your life injected any drugs?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer

ES8a. When was the last time you injected any drug?
That is, how many days or months or years ago did
you last inject?   _____
[INTERVIEWER: If today, enter "0"]   (IF DON'T KNOW OR REFUSED, LEAVE BLANK)

ES8b. [INTERVIEWER: Was this days or months or years?]

- ◯ Days
- ◯ Months
- ◯ Years

E_INJ6 -- HIDDEN CALCULATION: injected in last 6
months

_____

ES9. In the past 6 months, which drugs have you injected? Please say "yes" or "no" to each drug I mention. [READ choices. CHECK ALL that apply.]

	No	Yes	Don't Know	Refuse to Answer
Speedball, which is heroin and cocaine together	○	○	○	○
Goofball, which is heroin and methamphetamine together	○	○	○	○
Fentanyl, by itself or in combination with other drugs	○	○	○	○
Heroin, by itself	○	○	○	○
Methamphetamine, by itself, also known as meth or speed	○	○	○	○
Powder cocaine, by itself	○	○	○	○
Crack cocaine, by itself	○	○	○	○
Painkillers, such as Oxycontin, Dilaudid, or Percocet	○	○	○	○
Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin	○	○	○	○

ES10. In the past 6 months, have you injected methadone?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer

ES11. In the past 6 months, have you injected buprenorphine, also known as Suboxone or Subutex?

◯ No
◯ Yes
◯ Don't Know
◯ Refuse to Answer

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ES12. Are there any other drugs you have injected in the past 6 months?

◯ No
◯ Yes
◯ Don't Know
◯ Refuse to Answer

ES12spec. INTERVIEWER: Specify other injection drug.

_____

ES13. Which drug do you inject most often?

[DO NOT READ choices.]

◯ Speedball, which is heroin and cocaine together
◯ Goofball, which is heroin and methamphetamine together
◯ Fentanyl, by itself or in combination with other drugs
◯ Heroin, by itself
◯ Methamphetamine, by itself, also known as meth or speed
◯ Powder cocaine, by itself
◯ Crack cocaine, by itself
◯ Painkillers, such as Oxycontin, Dilaudid, or Percocet
◯ Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin
◯ Methadone
◯ Buprenorphine, also known as Suboxone or Subutex
◯ Something else
◯ Don't Know
◯ Refuse to Answer

ES13spec. INTERVIEWER: Specify other injection drug.

_____

READ: "Now I am going to ask you about experiences you may have had with drugs that you did not inject. This includes times that you may have smoked, snorted, inhaled, or ingested drugs.
Please only think about drugs you may have gotten without a prescription from your doctor or other medical provider, like heroin, methamphetamine, and drugs like Oxycontin. Please also think about drugs that were prescribed to you but you used them in ways other than instructed by your doctor or healthcare provider."

ES14. Have you ever in your life used any drugs that you did not inject?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer

ES15a. When was the last time you used any drug that you did not inject? That is, how many days or months or years ago did you last use drugs? [INTERVIEWER: If today, enter "0"]

_____
(IF DON'T KNOW OR REFUSED, LEAVE BLANK)

ES15b. [INTERVIEWER: Was this days or months or years?]

◯ Days
◯ Months
◯ Years

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E_DRG6 -- HIDDEN CALCULATION: used drug in last 6
months

_____

ES16. In the past 6 months, which drugs did you use that did NOT inject? Please say "yes" or "no" to each drug I mention.

	No	Yes	Don't Know	Refuse to Answer
Marijuana	○	○	○	○
Methamphetamine, also known as meth or speed	○	○	○	○
Crack cocaine	○	○	○	○
Powder cocaine	○	○	○	○
Benzodiazepines or other downers, such as Valium, Xanax, or Percocet	○	○	○	○
Painkillers, such as Oxycontin, Dilaudid, or Percocet	○	○	○	○
X or ecstasy (MDMA)	○	○	○	○
Heroin	○	○	○	○
Fentanyl, by itself or in combination with other drugs	○	○	○	○
Adderall, Ritalin, or other commonly prescribed stimulants	○	○	○	○

ES17. In the past 6 months, have you used methadone that was not prescribed or not taken as prescribed?

- ◯ No
- ◯ Yes
- ◯ Don't Know
- ◯ Refuse to Answer

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ES18. In the past 6 months, have you used
buprenorphine, also known as Suboxone or Subutex,
that was not prescribed or not taken as prescribed?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer

ES19. Are there any other drugs you have used and did not inject in the past 6 months?

○ No
○ Yes
○ Don't Know
○ Refuse to Answer

ES19spec. INTERVIEWER: Specify other non-injection drug.

_____

ES20. INTERVIEWER: Is this person alert and capable of completing the survey in English?

◯ No
◯ Yes

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ES21. INTERVIEWER: Specify reason person not able to
complete the interview:

[CHECK ALL that apply.]

☐ Not able to understand or give permission
☐ Cannot speak and understand English

ES22. INTERVIEWER: Has this person participated in
this study before?

○ No
○ Yes

ES23. INTERVIEWER: Did your field supervisor tell you that this person cannot complete the survey for some other reason?

○ No
○ Yes

READ: "We've finished the first series of questions. Now the computer will determine whether you've been selected to participate in the survey."

Hidden, calculated variable: EL_IDU = IF((AGE>17 &
CAPABLE=1 & E_PART=0 & SUPERV=0 & (E_INJ6=1 OR
(E_DRG6=1 AND E_DRGEL=1)),1,0)

_____

If R NOT eligible for cycle, READ: "Unfortunately, the computer has not selected you to participate in the health survey. Thank you for your time." Then go to STOP.

ES24. INTERVIEWER: This participant was not selected for this health survey. Please click stop to end survey.

◯ Stop

If R eligible for cycle, READ: "Congratulations! The computer has selected you to participate in the health survey. Let me tell you about it."
[INTERVIEWER: Proceed with the permission process.]

CN1. Do you agree to take part in the survey? ◯ No
◯ Yes

CN2. Do you agree to HIV counseling and testing?   ◯ No
◯ Yes

CN3. Do you agree to hepatitis C testing? ○ No
  ○ Yes

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CN4. Do you agree to let us store some of your blood for future testing?
○ No
○ Yes

HIDDEN, AUTOMATIC: End time of eligibility screener

_____