

**IDU SURVEILLANCE PROJECT QUESTIONNAIRE
QUESTIONNAIRE SECTIONS**

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OVERVIEW

Abbreviations

R	Respondent
DK	Don't know
REF	Refused to answer
NA	Not applicable (question asked of R but this is a codable response option)
EQ	Equal to
GT	Greater than
GE	Greater than or equal to
LE	Less than or equal to
LT	Less than
NE	Not equal to

Key Terms

Term	Prefix / format	Definition
Calculated variable	CALC_	Item identifier (not prefix for variable name) for variables calculated by the CAPI program that appear in the CRQ.
Message	INTERVIEWER:	Message displayed to the interviewer that is <u>not</u> to be read to R. May be triggered by an edit check. Distinct from Interviewer Instruction. 'FIELD NOTE' indicates instructions that will be added as a field note rather than directly included in the question.
Filter question		A question that determines whether the respondent should receive subsequent question or set of questions, typically on a related topic.
Logic Check	Check_	Logic that must be checked (by the CAPI program) in order to determine proper routing to the next item in the CAPI programmed questionnaire.
Interviewer instruction		Instruction to interviewer regarding survey administration. Standard instructions are 'Give Respondent Flashcard {letter}', 'READ choices', 'DO NOT READ choices', & 'CHECK ALL that apply'.
Introductory statement	INTRO_	Transitional statement read to R at the beginning of a new topic (e.g., Section, set of questions, etc.). Prefix is followed by section abbreviation, series, or first item in set to which it applies.
Range		Range of valid response values for items collecting or computing numeric data. E.g., the valid range of responses to number of sex partners in past 12 months is 0 to 7000.
Section		Section of the Questionnaire. Each section has a unique two letter abbreviation.
Soft Edit Check	SoftEdit_	A check to determine whether the response entered is implausible. If yes, CAPI program displays message to interviewer; program may advance after closing the error message dialog box.

**IDU SURVEILLANCE PROJECT QUESTIONNAIRE
NETWORK SECTION (NS)**

Recruiter Relationship

Check_INTRO_NSREL. If R has been recruited via referral card (IE10 [ISEP] EQ 1), go to INTRO_NSREL.
Else, go to INTRO_NSIDU.

INTRO_NSREL. READ: "Thank you for answering the questions. I'm going to start by asking you about the person who told you about this survey. Please remember that your answers will be kept private."

CALC_S_TIME2
S_TIME2 **Start time of core questionnaire. Automatic hidden variable.**
Respondent start time
__ : __

[Give Respondent Flashcard C.]

Which of the following describes how you know the person who told you about this survey? You can choose more than one answer.

NS1. [READ choices. CHECK ALL that apply.]
NSREL Relationship to recruiter

- A relative or family member
- A person you have sex with
- A person you use drugs with or buy drugs from
- A friend
- An acquaintance, that is, a person you know but do not consider a friend
- A stranger, you don't know the person or just met them

Refuse to Answer..... 77

Network Size

INTRO_NSIDU. READ: "Now, I'm going to ask you about people you know. Specifically, I'm going to ask you how many people you know who inject or use drugs and whom you have seen in the past 30 days. I will not ask you questions about any specific person."

Please tell me how many people you know who inject and whom you have seen in the past 30 days.

NS2. [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

NSIDU # IDUs known: net size
Range.....0-.7500.....

Please tell me how many people you know who use drugs but do not inject and whom you have seen in the past 30 days.

NS3. [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

NSDU # DUs known: net size
Range.....0-.7500.....

DEMOGRAPHICS (DM)

Residence

INTRO_HMLSC. READ: "Next, I'd like to ask you some questions about where you live. Please remember your answers will be kept private."

DM1. **In the past 6 months, have you been homeless? By homeless, I mean you were living on the street, in a shelter, or in a car.**
 HMLSC Homeless p6m
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

DM2. **What zip code do you usually live or sleep in?**
 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]
 ZIP Zip code

 Range.....00500:99950.....

Health Care Access & Utilization

INTRO_CURRHLTH. READ: "The next questions are about health insurance. By health insurance, we mean health plans people get through employment or purchase directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills."

DM3. **Do you currently have health insurance or health care coverage?**
 CURRHLTH Currently insured
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

Check_DM4. If R currently insured (DM3[CURRHLTH] EQ 1), go to DM4[TYPINS].
 Else, go to DM5[VSITMD6].

DM4. [Give Respondent Flashcard D.]
What kind of health insurance or coverage do you currently have?
 [READ choices. CHECK ALL that apply.]
 TYPINS Type of health insurance
 A private health plan - through an employer or purchased directly
 A government plan such as Medicaid or Medicare
 Some other health insurance
 Don't Know.....9.....
 Refuse to Answer.....7.....

Check_DM4spec. If R reported 'other' insurance type (DM4(3) [TYPINS(3)] EQ 1), go to DM4spec [TYPINS_S].
 Else, go to DM5 [VSITMD6].

DM4spec. **INTERVIEWER: Specify other health insurance or coverage:**
 TYPINS_S Specify other health insurance

 {text response; max length = 100 characters}

DM5. **In the past 6 months, have you seen a doctor, nurse, or other healthcare provider?**
 VSITMD6 Medical care, 6 months

No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

Check_DM6.	If R reported receiving care (DM5 [VSITMD6] EQ 1), go to DM6 [VSITERN]. Else, go to DM7 [HCPOORD].
-------------------	---

DM6. In the past 6 months, how many times have you gone to an emergency room for medical care?
 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]
 VSITERN ER room, 6 months
 — —
 Range.....0-76

Health Care Stigma/Discrimination

Check_DM7.	If R reported receiving care (DM5[VSITMD6] EQ 1), go to DM7 [HCPOORD]. Else, go to DM8 [HCAVOID].
-------------------	--

DM7. In the past 6 months, have you felt that healthcare staff treated you poorly because you use drugs?
 HCPOORD Treated poorly drugs, 6m
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

DM8. In the past 6 months, have you avoided seeking healthcare because you were worried about being treated poorly by healthcare staff because of your drug use?
 HCAVOID Avoid healthcare, 6m
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

Socioeconomic Status

DM9. What is the highest level of education you completed?
 [DO NOT READ choices.]
 SCHOOL Education
 Never attended school.....1.....
 Grades 1 through 8.....2.....
 Grades 9 through 11.....3.....
 Grade 12 or GED.....4.....
 Some college, Associate's Degree, or Technical Degree.....5.....
 Bachelor's Degree.....6.....
 Any post graduate studies.....7.....
 Don't Know.....99.....
 Refuse to Answer.....77.....

DM10. During the last 6 months, what was the main source of income you lived on? Your main source of income could be formal or informal. Remember all information you provide will be kept private.
 [DO NOT READ choices.]
 MAININC Sources of income

Full-time job/employed with a regular salary.....	1.....
Temporary work, including legal part-time and odd jobs, off- books, etc.....	2.....
Unemployment benefits.....	3.....
Other public assistance such as welfare, disability, or, food stamps.....	4.....
Spouse, partner, friend, or relative's income.....	5.....
Sex for money	6.....
Selling drugs	7.....
Panhandling.....	8.....
Other (specify).....	9.....
Don't Know.....	99.....
Refuse to Answer.....	77.....

Check_DM10spec.	If R reported 'other' (MAININC=9), go to DM10spec [MAININC_S]. Else, go to INTRO_DISDEAF.
------------------------	--

DM10spec. **INTERVIEWER: Specify other main source of income**
MAININC_S Specify other main source of income

 {text response; max length = 100 characters}

Disability

INTRO_DISDEAF	READ: "The next questions are about your overall health."
----------------------	---

DM11. **Are you deaf or do you have serious difficulty hearing?**
DISDEAF Disability - Hearing

No.....	0.....
Yes.....	1.....
Don't Know.....	9.....
Refuse to Answer.....	7.....

DM12. **Are you blind or do you have serious difficulty seeing, even when wearing glasses?**
DISBLND Disability - Vision

No.....	0.....
Yes.....	1.....
Don't Know.....	9.....
Refuse to Answer.....	7.....

DM13. **Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**
DISCOGN Disability - Cognition

No.....	0.....
Yes.....	1.....
Don't Know.....	9.....
Refuse to Answer.....	7.....

DM14. **Do you have serious difficulty walking or climbing stairs?**
DISWALK Disability - Ambulation

No.....	0.....
Yes.....	1.....
Don't Know.....	9.....
Refuse to Answer.....	7.....

DM15. Do you have difficulty dressing or bathing?
 DISCARE Disability - Self-care
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

DM16. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?
 DISERN D Disability - Errands
 No.....0.....
 Yes.....1.....
 Don't Know.....9.....
 Refuse to Answer.....7.....

CALC_E_TIME2 End time of questions before ACASI. Automatic hidden variable.
 E_TIME2 Respondent end time
 __ : __

AC.0 INTERVIEWER: ? (e.g., ACASI) Does the participant have the option to complete the next section on his or her own
 ACASI_OPTION Is ACASI possible - y/n
 No.....0.....
 Yes.....1.....

Check_AC0. If TIME_3_CALC_S, go to =0OPTIONACASI_ (ACASI is not possible)
 Else, go to INTRO_YESNO.

ACASI TUTORIAL (AC)

INTRO_YESNO. READ: "The next few sections will have some sensitive questions about your sex life and drug use. You have the option to complete these sections on your own or with me. If you choose to do them on your own, I will still be available to answer any questions you may have. First, I will show you the different types of questions and answers."
 INTERVIEWER: The participant should be observed for this section to assess capacity for ACASI. Give the tablet to the participant.

AC1. Some questions you answer by clicking either "Yes" or "No". Please click on "Yes".
 YESNO ACASI - Y/N
 No.....0.....
 Yes.....1.....

AC2. For other questions, you choose the best or correct answer. For example, what is the day after WEDNESDAY?
 SELONE ACASI - select one
 Sunday.....1.....
 Monday.....2.....
 Tuesday.....3.....
 Wednesday.....4.....
 Thursday.....5.....

Friday..... 6
 Saturday..... 7

For some questions, you can choose more than one answer. Select all the options which are examples of food.

AC3. You can select more than one option.

MULTI ACASI - select more than one
 Apples
 Cereal
 Radio
 Green beans

AC4. Lastly, there are questions you answer by entering a number. Let's try entering the number "18".

NUMBER ACASI - number

 Range.....0-99

INTRO_PASSCODE. Please return the device to the interviewer.

AC5. [INTERVIEWER: Enter code to continue.]

PASSCODE ACASI - Passcode

 Range.....1122-1122

We have finished the tutorial. Would you like to complete the next set of questions on your own or with me?

AC6. [INTERVIEWER ENTER RESPONSE]

PASSED ACASI - Passed
 Participant will complete..... 0
 Interviewer will complete..... 1

CALC_S_TIME3 Start time of ACASI questions. Automatic hidden variable.
 S_TIME3 Respondent start time
 __ : __

Check_S_TIME3 If _SXEVER.1to INTRO, go)=1OPTIONACASI_ (ACASI is not possible
 Else, go to INTRO_SXEVER.

INTRO.SXEVER_1 READ: "The next few sections will have some sensitive questions about your sex life and drug use.

SEXUAL BEHAVIOR (SX)

INTRO_SXEVER. The next questions are about having sex. "Having sex" means vaginal or anal sex. Vaginal sex means penis in the vagina; and anal sex means penis in the anus or butt.

SX1. Have you ever had vaginal sex or anal sex?

SXEVER Ever sex y/n
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_SX2. If R reported ever sex (SX1[SXEVER] EQ 1), go to SX2[SXNUM].
Else, go to INTRO_INJAGE.

SX2. In the past 6 months, with how many different people have you had vaginal or anal sex? Please give your best estimate. If you do not know, you may leave the response blank.

SXNUM Number of partners in last 6 months

Range.....0:7000

Check_SX3. If R reported at least 1 person (SXNUM GE 1), go to SX3 [SXGENDER].
Else, go to INTRO_INJAGE.

SX3. In the past 6 months, with whom have you had vaginal or anal sex? You can select more than one.

SXGENDER Gender of sex partners
Men
Women
People with other gender identities
Don't Know.....99.....
Refuse to Answer.....77.....

SX4. In the past 6 months, did you receive money, drugs, or any other type of payment for having vaginal or anal sex?

SXREXCH Exchange sex receive, 6 months
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

SX5. In the past 6 months, did you give money, drugs, or any other type of payment for having vaginal or anal sex?

SXGEXCH Exchange sex give, 6 months
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

SX6. In the past 6 months, did you have vaginal or anal sex without using a condom?

SXUVAS UVAS - 6 months
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_SX7. If R reported condomless sex (SX6 [SXUVAS] EQ 1), go to SX7 [SXUVASP].
Else, go to INTRO_INJAGE.

SX7. In the past 6 months, with whom did you have sex without using a condom? You can select more than one option.

SXUVASP UVAS - partner type
Main sex partner, such as your spouse, boy/girlfriend
Casual sex partner
Someone you got drugs or money for sex

Someone else
 Don't Know.....
 Refuse to Answer.....

SoftEdit_SX7. If UVAS-partner type is exchange sex" Please check with respondent and correct answers..Earlier the respondent said they had not given or received sex in exchange for money or drugsINTERVIEWER: , DISPLAY: " and SX4 [SXREXCH] NE 1 and SX5 [SXGEXCH] NE 1)1 SX7 [SXUVASP(3)] EQ (Then go to intro_INJAGE.

INJECTION DRUG USE (ID)

Check_INTRO_INJAGE. If R ever injected (ES7 [EVRINJ] EQ 1), go to ID1.
 Else, go to INTRO_NDMETH.

INTRO_INJAGE. The next questions are about injection drug use. Please remember your answers will be kept private.

Injection History, Lifetime

Think back to the very first time you injected any drugs. How old were you when you first injected any drug?

ID1. Please give your best estimate. If you do not know, you may leave the response blank.
 INJAGE INJ Age at first injection

— —

SoftEdit_ID1. If with the respondent and correct those data."ages Please check these Age at first injection cannot be older than participant's age., read: "INTERVIEWER: CALC_AGE ([age T] GINJAGE [ID1 (age at first injection

[Give Respondent Flashcard]AA

ID2. Which drug did you inject that very first time?

- INJFIRST Drug first injected
- Speedball..... 1
 - Goofball..... 2
 - Fentanyl, by itself or mixed with other drugs..... 3
 - Heroin, by itself..... 4
 - Methamphetamine, by itself..... 5
 - Powder cocaine, by itself..... 6
 - Crack cocaine, by itself..... 7
 - Painkillers, such as Oxycontin, Dilaudid, or Percocet..... 8
 - Benzodiazepines or other downers..... 9
 - Methadone.....10
 - Buprenorphine, also known as Suboxone or Subutex.....11
 - Something else.....12
 - Don't Know.....99
 - Refuse to Answer.....77

Injection Frequency, 6m

Check_INTRO_INJFX6. If R injected in the past 6 months (E_INJ6 EQ 1), go to ID3 [INJFX6].
 Else, go to INTRO_NDMETH.

INTRO_INJFX6. The next questions are about drugs you injected in the past 6 months.

[Give Respondent Flashcard]BB

ID3. **In the past 6 months, when you were injecting, about how often did you inject any drug?**
 INJFX6 Overall injection frequency,6m
 More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

On a day when you inject any drug, on average, how many times a day do you inject? Please give your best estimate. If you do not know, you may leave the response blank.

ID4. Number injection, average day
 INJTIM — —
 Range.....1-75.....

INTRO_INJSB. The next questions are about the types of drugs you mentioned you had injected in the past 6 months.

Check_ID	If R injected speedball (ES9(1) [INJDRUGA] EQ 1), go to ID5[INJSB].
5	Else, go to ID6[INJGB]

[]. Read for the first question in the series.Give Respondent Flashcard BB

ID5. **In the past 6 months, how often did you inject speedball?**
 INJSB Speedball frequency - 6 months
 More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID	If R injected goofball (ES9(2) [INJDRUGB] EQ 1), go to ID6[INJGB].
6	Else, go to ID7[INJHERO]

ID6. **In the past 6 months, how often did you inject goofball?**
 INJGB Goofball frequency - 6 months
 More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID	If R injected heroin (ES9(4) [INJDRUGD] EQ 1), go to ID7[INJHERO].
7	Else, go to ID8[INJMETH]

ID7. **In the past 6 months, how often did you inject heroin, by itself?**
 INJHERO Heroin, by itself frequency - 6 months
 More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4

Don't Know..... 9
 Refuse to Answer..... 7

Check_ID	If R injected meth (ES9(5) [INJDRUGE] EQ 1), go to ID8[INJMETH].
8	Else, go to ID9[INJCOKE]

ID8. In the past 6 months, how often did you inject methamphetamine, by itself?

INJMETH Methamphetamine frequency - 6 months

More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Never..... 5
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID	If R injected powder cocaine (ES9(6) [INJDRUGF] EQ 1), go to ID9[INJCOKE].
9	Else, go to ID10[INJCRAC]

ID9. In the past 6 months, how often did you inject powder cocaine, by itself?

INJCOKE Powder cocaine, by itself frequency - 6 months

More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID10	If R injected crack cocaine (ES9(7) [INJDRUGG] EQ 1), go to ID10[INJCRAC].
	Else, go to ID11[INJPAIN]

ID10. In the past 6 months, how often did you inject crack cocaine, by itself?

INJCRAC Crack cocaine, by itself frequency - 6 months

More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID11	If R injected painkillers (ES9(8) [INJDRUGH] EQ 1), go to ID11[INJPAIN].
	Else, go to ID12[INJDOWN]

ID11. In the past 6 months, how often did you inject painkillers, such as Oxycontin, Dilaudid, or Percocet?

INJPAIN Painkillers frequency - 6 months

More than once a day..... 1
 Once a day..... 2
 More than once a week..... 3
 Once a week or less..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID12	If R injected benzos (ES9(9) [INJDRUGI] EQ 1), go to ID12[INJDOWN]. Else, go to ID13[INJFENT]
-------------------	--

ID12. In the past 6 months, how often did you inject benzodiazepines or other downers?

INJDOWN Benzos frequency - 6 months

More than once a day.....	1
Once a day.....	2
More than once a week.....	3
Once a week or less.....	4
Don't Know.....	9
Refuse to Answer.....	7

Check_ID13	If R injected methadone ([INJELM] EQ 1), go to ID13[INJMET]. Else, go to ID14[INJBUP]
-------------------	--

ID13. In the past 6 months, how often did you inject methadone?

INJMET Methadone frequency - 6 months

More than once a day.....	1
Once a day.....	2
More than once a week.....	3
Once a week or less.....	4
Don't Know.....	9
Refuse to Answer.....	7

Check_ID14	If R injected buprenorphine ([INJELB EQ 1), go to ID14[INJBUP]. Else, go to ID15[INJFENT]
-------------------	--

ID14. In the past 6 months, how often did you inject buprenorphine, also known as Suboxone or Subutex?

INJBUP Methadone frequency - 6 months

More than once a day.....	1
Once a day.....	2
More than once a week.....	3
Once a week or less.....	4
Don't Know.....	9
Refuse to Answer.....	7

Fentanyl Injection, 6m

Check_ID15	If R injected fentanyl (ES9(3) [INJDRUGC] EQ 1), go to ID15[INJFENT]. Else, go to ID18 [INJLOC]
-------------------	--

ID15. In the past 6 months, how often did you inject fentanyl by itself or mixed with other drugs?

INJFENT Fentanyl, injection, 6 months

More than once a day.....	1
Once a day.....	2
More than once a week.....	3
Once a week or less.....	4
Don't Know.....	9
Refuse to Answer.....	7

ID16. When you injected fentanyl in the past 6 months, was it mixed with any other drug?

INJFENTC	Fentanyl, injection, combined	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ID15. If R reported injecting fentanyl mixed (ID16 [INJFENTC EQ 1], go to ID17[INJFENTD].
Else, go to ID18 [INJLOC].

[Give Respondent Flashcard]CC

ID17. What other drugs was fentanyl mixed with? You can select more than one option.

INJFENTD	Fentanyl, injection, drugs combined	
	Speedball	
	Goofball	
	Heroin	
	Methamphetamine	
	Powder cocaine	
	Crack cocaine	
	Painkillers, such as Oxycontin, Dilaudid, or Percocet	
	Benzodiazepines or other downers	
	Methadone	
	Buprenorphine, also known as Suboxone or Subutex	
	Something else	
	Don't Know.....	99
	Refuse to Answer.....	77

Other Injection Behaviors, 6m

[Give Respondent]. Read for the first question in the series.Flashcard DD

ID18. In the past 6 months, how often did you inject in a public place, like an alley, public bathroom, library, or outside?

INJLOC	Location injected, 6m	
	Never.....	0
	Rarely.....	1
	About half the time.....	2
	Most of the time.....	3
	Always.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

ID19. In the past 6 months, how often were you alone when you injected?

INJALO	Frequency, injected alone- 6 months	
	Never.....	0
	Rarely.....	1
	About half the time.....	2
	Most of the time.....	3
	Always.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

Injection Initiation, 6m

INTRO_INJSOM. The next questions are about assisting someone who has never injected drugs with their first injection of any drug. This means you gave them their first injection or you showed them how to inject and then they injected themselves.

ID20. **In the past 6 months, have you injected drugs in front of someone who had never injected drugs?**
 INJSOM Inject non-injector
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

ID21. **In the past 6 months, have you assisted anyone with their first time injecting any drug?**
 INJGIVE Give injection
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Syringe Use, 6m

INTRO_STERILE. Next, the questions will be about the needles you used in the past 6 months.

[Give Respondent Flashcard]. Read for the first question in the series.DD

ID22. **In the past 6 months when you injected, how often did you use a new, sterile needle? By a new, sterile needle, I mean a needle never used before by anyone, even you.**
 STERILE INJ Frequency used sterile needle - 12 months
 Never..... 0
 Rarely..... 1
 About half the time..... 2
 Most of the time..... 3
 Always..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

ID23. **In the past 6 months, after you injected, how often did you put a used needle in a medical sharps or other secure container and/or took it to a syringe exchange program?**
 NDLEDSP INJ Frequency used sterile needle - 12 months
 Never..... 0
 Rarely..... 1
 About half the time..... 2
 Most of the time..... 3
 Always..... 4
 Don't Know..... 9
 Refuse to Answer..... 7

ID24. **In the past 6 months, how often did you reuse a needle you already injected with?**
 REUSE Used same needle
 Never..... 0

- Rarely..... 1
- About half the time..... 2
- Most of the time..... 3
- Always..... 4
- Don't Know..... 9
- Refuse to Answer..... 7

Injection Equipment Sharing, 6m

Check_SHARNDLE. If R always injected alone ([INJALO] NE 4, go to INTRO_SHARNDLE.
Else, go to INTRO_INJLLOC.

INTRO_SHARNDLE
The next questions are about your injecting behaviors in the past 6 months.

Check_INTRO_SHARNDLE. If R always used a sterile needle in the past 6 months (ID22 [STERILE] EQ 4, go to ID27 [GIVENDLE].
Else, go to INTRO_SHARNDLE.

ID25. In the past 6 months, did you use needles that someone else had already injected with?
SHARNDLE Used needle after, Y/N
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_ID26 If R used needle (ID25 [SHARNDLE] EQ 1), go to ID26 [NUM_NA].
Else, go to ID27 [GIVENDLE].

ID26. In the past 6 months, with how many different people did you use a needle after they injected with it? Please give your best estimate. If you do not know, you may leave the response blank.
NUM_NA Used needle after-number of people

Range.....0-300.....

ID27. In the past 6 months, did you give your needle to someone else to use after you had already injected with it?
GIVENDLE Gave needle after injected, Y/N
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_ID28 If R used needle (ID27 [GIVENDLE] EQ 1), go to ID28 [NUM_GIVE].
Else, go to ID29 [SHARWORK].

ID28. In the past 6 months, how many different people did you give your needle to use after you had already injected with it? Please give your best estimate. If you do not know, you may leave the response blank.
NUM_GIVE Gave needle after injected with it - number of people

Range.....0-300.....

ID29. In the past 6 months, did you use cookers, cottons, filters, or water that someone else had already used?
 SHARWORK Used cooker, cotton, water after, Y/N
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID30 If R used inj equip (ID29 [SHARWORK] EQ 1), go to ID30 [NUM_CCW].
 Else, go to ID31 [SAMESYR].

ID30. In the past 6 months, with how many different people did you use the same cooker, cotton, or water that they had already used? Please give your best estimate. If you do not know, you may leave the response blank.
 NUM_CCW Used cooker, cotton, water after - number of people
 — — —
 Range.....0-300.....

ID31. In the past 6 months, did you use drugs that had been divided with a syringe that someone had already injected with, also known as backloading or splitting?
 SAMESYR Used drugs divided up after, Y/N
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID32 If R divided syringe (ID31 [SAMESYR] EQ 1), go to ID32 [NUM_DDA].
 Else, go to INTRO_INJLLOC.

ID32. In the past 6 months, with how many different people did you use drugs that had been divided with a syringe that they had already used? Please give your best estimate. If you do not know, you may leave the response blank.
 NUM_DDA Used drugs divided up after - number of people
 — — —
 Range.....0-300.....

Last Injecting Event

INTRO_INJLLOC. Now, think about the last time you injected in the past 6 months.

Check_ID33 If R ever injected in a public place p6m (ID18 [INJLOC])=1,2,3, or 4, go to ID33 [INJLLOC].
 Else, go to ID34 [INJLDIS].

ID33. The last time you injected any drug, did you inject in a public place, like an alley, public bathroom, library, or outside?
 INJLLOC Location injected, last time
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID34 If R ever disposed a needle in a medical sharps container p6m (ID23 [NDLESDP])=1,2,3, or 4, go to ID34

[INJLLOC].
Else, go to ID35 [INJLSTE].

ID34. The last time after you injected, did you put the used needle in a medical sharps or other secure container and/or took it to a syringe exchange program?

INJLDIS Needle disposal, last time
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_ID35. If R used sterile needles only (ID22 [STERILE] EQ 4), go to ID36 [INJLPN].
Else, go to ID35 (INJLSTE).

ID35. The last time you injected any drug, did you use a new, sterile needle?

INJLSTE Sterile needle, last time
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_ID35. If R always injected alone (ID19 [INJAO] NE 4), go to ID36 [INJLPN].
Else, go to IDU37 [INJLUN].

The last time you injected, how many other people did you inject with? Please give your best estimate. If you do not know, you may leave the response blank.

ID36. Field note: If you did not share with anybody, enter 0
INJLPN Number of people inject, last time
___ ___
Range.....0:300

Check_ID37 If R injected with at least 1 person and used needle after (ID36 [INJLPN] GE 1 AND ID25 [SHARNDLE] EQ 1), go to ID37 [INJLUN]. If R injected with at least 1 person and did not use needle (ID36 [INJPN] GE 1 AND ID25 [SHARNDLE] NE 1) to go ID38 [INJLGIV]. Else, go to INTRO_NDMETH.

ID37. The last time you injected, did you use a needle after anyone else had already injected with it?

INJLUN Used needle after someone - last time
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_ID38 If R last gave needle to someone (ID27 [GIVENDLE] EQ 1), go to ID38 [INJLGIV].
Else, go to ID39 [INJLUCW].

ID38. The last time you injected, did you give your needle to someone else to use after you had already injected with it?

INJLGIV Gave used needle to someone else - last time
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID39	If R last shared equipment (ID29 [SHARWORK] EQ 1), go to ID39 [INJLUCW]. Else, go to ID40 [INJLUS].
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ID39. The last time you injected, did you use a cooker, cotton, or water that anyone else had already used?

INJLUCW Used same cooker, cotton, water - last time
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ID40	If R last divided syringe (ID31 [SAMESYR] EQ 1), go to ID40 [INJLUS]. Else, go to INTRO_INJLGEN.
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ID40. The last time you injected, did you use drugs that had been divided with a syringe that anyone else had already injected with?

INJLUS Used drugs divided with same syringe - last time
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Last Injecting Partner

INTRO_INJLGEN.	The next questions are about the last <u>person</u> that you injected with. If you injected with more than one person, please think of the one that you have injected with the most often. The next questions are about that person.
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ID41. What is this person's gender?
 INJLGEN Gender of last injecting partner
 Man..... 1
 Woman..... 2
 Gender not listed..... 6
 Don't Know..... 9
 Refuse to Answer..... 7

ID42. How old is this person? Please estimate to the best of your ability. If you do not know, you may leave the response blank.

INJLAGE Last injecting partner age
 — —
 Range.....1-99.....

[Give Respondent Flashcard]EE

ID43. Which of the following best describes your relationship to this person? Would you say this person was a:
 INJLREL Type of relationship - Last injecting partner

Sex partner, such as your spouse, boyfriend/girlfriend, or other person you have sex with.....	1
Relative.....	2
Friend or acquaintance.....	3
Needle or drug dealer.....	4
Stranger or someone you did not know well.....	5
Someone else.....	6
Don't Know.....	9
Refuse to Answer.....	7

NON-INJECTION DRUG USE (ND)

Non-injection Drug Use Frequency, 6m

Check_INTRO_NDMETH If E_DRG6=1 go to INTRO_NDMETH. Else go to INTRO_OVERDOSE.

INTRO_NDMETH. The next questions are about times when you may have used drugs but did NOT inject them. This includes times that you may have smoked, snorted, inhaled, or ingested drugs such as methamphetamine, cocaine, or crack. The next questions are about the types of drugs you mentioned you had used but did not inject in the past 6 months.

Check_ND If R used meth (ES16(2) [USDRGB] EQ 1), go to ND1 [NDMETH].
1 Else, go to ND2 [NDCRACK].

[Give Respondent Flashcard]BB

ND1. In the past 6 months, how often did you use methamphetamine that you did not inject?

NDMETH	How often used methamphetamine past 6 months
	More than once a day..... 1
	Once a day..... 2
	More than once a week..... 3
	Once a week or less..... 4
	Don't Know..... 9
	Refuse to Answer..... 7

Check_ND If R used crack (ES16(3) [USDRGC] EQ 1), go to ND2 [NDCRACK].
2 Else, go to ND2 [NDCRACK].

ND2. In the past 6 months, how often did you use crack cocaine that you did not inject?

NDCRACK	How often used crack cocaine past 6 months
	More than once a day..... 1
	Once a day..... 2
	More than once a week..... 3
	Once a week or less..... 4
	Don't Know..... 9
	Refuse to Answer..... 7

Check_ND If R used cocaine (ES16(4) [USDRGD] EQ 1), go to ND3 [NDCOKE].
3 Else, go to ND4 [NDDOWN].

ND3. In the past 6 months, how often did you use powder cocaine that you did not inject?

NDCOKE	How often used powder cocaine that is smoked or snorted past 6 months
	More than once a day..... 1
	Once a day..... 2

More than once a week.....	3
Once a week or less.....	4
Don't Know.....	9
Refuse to Answer.....	7

Check_ND	If R used downers (ES16(5) [USDRGE] EQ 1), go to ND4 [NDDOWN].
4	Else, go to ND5 [NDPAIN].

ND4. In the past 6 months, how often did you use benzodiazepines or other downers that you did not inject?

NDDOWN	How often used downers (benzos) such as Valium past 6 months	
	More than once a day.....	1
	Once a day.....	2
	More than once a week.....	3
	Once a week or less.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ND	If R used painkillers (ES16(6) [USDRGF] EQ 1), go to ND5 [NDPAIN].
5	Else, go to ND6 [NDX].

ND5. In the past 6 months, how often did you use painkillers, such as Oxycontin, Dilaudid, or Percocet, that you did not inject?

NDPAIN	How often used pain killers such as Oxycontin, past 6 months	
	More than once a day.....	1
	Once a day.....	2
	More than once a week.....	3
	Once a week or less.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ND	If R used X (ES16(7) [USDRGG] EQ 1), go to ND6 [NDX].
6	Else, go to ND7 [NDHER].

ND6. In the past 6 months, how often did you use X or ecstasy (MDMA) that you did not inject?

NDX	How often used X or ecstasy past 6 months	
	More than once a day.....	1
	Once a day.....	2
	More than once a week.....	3
	Once a week or less.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ND	If R used heroin (ES16(8) [USDRGH] EQ 1), go to ND7 [NDHER].
7	Else, go to ND8 [NDSTIM].

ND7. In the past 6 months, how often did you use heroin that you did not inject?

NDHER	How often used heroin that is smoked or snorted past 6 months	
	More than once a day.....	1
	Once a day.....	2
	More than once a week.....	3
	Once a week or less.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ND	If R used stimulants (ES16(10) [USDRGJ] EQ 1), go to ND8 [NDSTIM].
8	Else, go to ND9 [NDFENT].

ND8. In the past 6 months, how often did you use Adderall, Ritalin, or other commonly prescribed stimulants that you did not inject?

NDSTIM How often used stimulants past 6 months

More than once a day..... 1

Once a day..... 2

More than once a week..... 3

Once a week or less..... 4

Don't Know..... 9

Refuse to Answer..... 7

Check_ND	If R used methadone ([USELM] EQ 1), go to ND9 [NDMET].
9	Else, go to ND10 [NDBUP].

ND9. In the past 6 months, how often did you use methadone that was not prescribed or not taken as prescribed that you did not inject?

NDMET How often used methadone past 6 months

More than once a day..... 1

Once a day..... 2

More than once a week..... 3

Once a week or less..... 4

Don't Know..... 9

Refuse to Answer..... 7

Check_ND1	If R used buprenorphine ([USELB] EQ 1), go to ND10 [NDMET].
0	Else, go to ND11 [NDFENT].

ND10. In the past 6 months, how often did you use buprenorphine, also known as Suboxone or Subutex, that was not prescribed or not taken as prescribed that you did not inject?

NDBUP How often used buprenorphine past 6 months

More than once a day..... 1

Once a day..... 2

More than once a week..... 3

Once a week or less..... 4

Don't Know..... 9

Refuse to Answer..... 7

Fentanyl, Non-injection

Check_ND1	If R used fentanyl (ES16(9) [USDRGI] EQ 1), go to ND11 [NDFENT].
1	Else, go to ND14 [INJFRNT].

ND11. In the past 6 months, how often did you use fentanyl that you did not inject, by itself or mixed with other drugs?

NDFENT How often used fentanyl past 6 months

More than once a day..... 1

Once a day..... 2

More than once a week..... 3

Once a week or less..... 4

Don't Know..... 9

Refuse to Answer..... 7

ND12. **When you used fentanyl, that you did not inject, in the past 6 months, was it mixed with any other drug?**
 NDFENTC Fentanyl, used, combined
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_ND1	If R used mixed fentanyl (ND12 [NDFENTC] EQ 1), go to ND13 [NDFENTD].
3	Else, go to ND14 [INJFRNT].

[Give Respondent Flashcard]FF

ND13. **What other drugs was fentanyl mixed with? You can select more than one option.**
 NDFENTD Fentanyl, used, drugs combined
 Marijuana
 Methamphetamine
 Crack cocaine
 Powder cocaine
 Benzodiazepines or other downers
 Painkillers, such as Oxycontin, Dilaudid, or Percocet
 X or ecstasy (MDMA)
 Heroin
 Adderall, Ritalin, or other commonly prescribed stimulants
 Methadone
 Buprenorphine, also known as Suboxone or Subutex
 Something else
 Don't Know..... 99
 Refuse to Answer..... 77

Injection Drug Use Prevention

Check_ND14.	If R has ever injected (EVRINJ EQ 1), go to INTRO_OVERDOSE.
	Else, go to ND14.

ND14. **In the past 6 months, has anyone injected drugs in front of you?**
 INJFRNT Inject in front
 No..... 0
 Yes..... 1

ND15. **If you want to start injecting drugs, do you know someone who would show you how?**
 INJSHOW Know PWID
 No..... 0
 Yes..... 1

DRUG OVERDOSE (DO)

INTRO_OVERDOSE	The next questions are about overdose from injection or use of opioids such as heroin, fentanyl, or painkillers such as Oxycontin. By overdose, I mean if someone passed out, turned blue, or stopped breathing from using drugs.
-----------------------	---

Drug Overdose

CALC_USE_OPIOIDS	Respondent used any opioids in the past 6 months (yes/no). Hidden, automatic calculation.
CALC_USE_OPIOIDS	If R used opioids ((ES9[INJDRUGA] EQ 1 OR ES9[INJDRUGB] EQ 1 OR ES9[INJDRUGC] EQ 1 OR ES9[INJDRUGD] EQ 1 OR ES9[INJDRUGH]) EQ 1 OR ES16[USDRGF] EQ 1 OR ES16[USDRGH] EQ 1 OR ES16[USDRGI] EQ 1), 1, 0))

Check_INTRO_OVERDN	If R used opioids (ES9 [INJDRUGA] EQ 1 OR ES9 [INJDRUGB] EQ 1 OR ES9 [INJDRUGC] EQ 1 OR ES9 [INJDRUGD] EQ 1 OR ES9 [INJDRUGH] EQ 1 OR ES16 [USDRGF] EQ 1 OR ES16 [USDRGH] EQ 1 OR ES16 [USDRGI] EQ 1), go to OVERDN.
	Else, go to ODELSEN.

In the past 6 months, how many times have you overdosed on opioids? Please give your best estimate. If you do not know, you may leave the response blank.

DO1. Field note: overdose, enter 0
OVERDN Number, overdosed
 — —
 Range.....0:76

In the past 6 months, how many other people have you seen overdose on opioids? Please give your best estimate. If you do not know, you may leave the response blank.

DO2. Field note: If you did not see anybody overdose, enter 0
ODELSEN Number, others overdosed
 — —
 Range.....0:76

Check_DO3.	If R saw someone else overdose (DO2 [ODELSEN] GE 1), go to DO3 [ODMED].
	Else, go to DO4 [NALX].

The last time you saw someone overdose, did you or someone around you try to get medical treatment by calling 911 or taking them to the hospital?

DO3.
ODMED Overdose, medical treatment
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Narcan Access and Use

Have you ever heard of naloxone, also called Narcan, a drug that can be used to reverse an overdose due to use of opioids?

DO4.
NALX Naloxone, heard
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_DO5.	If R ever heard of Narcan (DO4 [NALX] EQ 1), go to DO5 [NALX6M].
	Else, go to INTRO_OUMETH.

DO5.
NALX6M In the past 6 months, have you bought or otherwise gotten take-home naloxone or Narcan?
 Have naloxone, 6 months
 No..... 0

Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_DO6. If R got Narcan and saw someone overdose (DO5 [NALX6M] EQ 1 AND ODELSEN GE1), go to DO6 [ODNHELP].
 Else, go to DO7 [NALXAV].

DO6. **In the past 6 months, have you used naloxone or Narcan to help someone who was overdosing?**
 ODNHELP Helped with naloxone, 6 months
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

DO7. **In the past 6 months, have you been in a situation when naloxone or Narcan was needed and it was not available?**
 NALXAV Availability naloxone, 6m
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Consequences of Stimulant Overuse

Check_INTRO_OUMETH If R used a stimulant (ES9 [INJDRUGE] EQ 1 OR ES [INJDRUGF] EQ 1 OR ES9 [INJDRUGG] EQ 1 OR ES16 [USDRGB] EQ 1 OR ES16 [USDRGC] EQ 1 OR ES16 [USDRGD] EQ 1), go to INTRO_OUMETH.
 Else, go to INTRO_HELD6M.

INTRO_OUMETH. Now I will ask you questions about consequences due to stimulant injection or use.

Check_DO8. If R used or injected meth (ES9[INJDRUGE] EQ 1 OR ES16 [USDRGB] EQ 1), go to DO8 (OUMETH).
 Else, go to DO9 [OUCOKE].

DO8. **In the past 6 months, did you need immediate care or call 911 because you took too much methamphetamine or were having a bad reaction to methamphetamine?**
 OUMETH Needed care, meth, 6 months
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_INTRO_OUMETH If R used or injected cocaine or crack (ES9 [INJDRUGF] EQ 1 OR ES9 [INJDRUGG] EQ 1 OR ES16 [USDRGC] EQ 1 OR ES16 [USDRGD] EQ 1), go to DO9 (OUCOKE). Else, go to INTRO_HELD6M.

DO9. **In the past 6 months, did you need immediate care or call 911 because you took too much cocaine or crack or were having a bad reaction to cocaine or crack?**
 OUCOKE Needed care, cocaine/crack, 6 months
 No..... 0

Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

JUSTICE SYSTEM AND LAW ENFORCEMENT EXPERIENCES (JT)

Incarceration Experience

INTRO_HELD6M The next questions are about experiences you may have had with the criminal justice system or law enforcement.

JT1. During the past 6 months, have you been held in a detention center, jail, or prison for more than 24 hours?

HELD6M Held or arrested past 6 months
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_JT2. If R was arrested (JT1 [HELD6M] EQ 1), go to JT2 [TXGET].
 Else, go to JT4 [ARRDRG].

JT2. The last time you were in detention, jail, or prison, did you get treatment for drug use?

TXGET Received treatment, jail
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

JT3. The last time you were released from detention, jail or prison, were you told where to get treatment for drug use?

TXTOLD Referral treatment, jail
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

JT4. In the past 6 months, have you been arrested on drug possession charges?

ARRDRG Arrested past 6 months, drugs
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Law Enforcement Experience

Check_JT5. If R injected in the last 6 months (E_INJ6 EQ 1) go to JT5 [ARRSYR].
 Else, go to .]POLNARJT7 [

JT5. In the past 6 months, have you been arrested or cited for possession of needles or other injection equipment?

ARRSYR Arrested injection equipment
 No..... 0
 Yes..... 1

Don't Know..... 9
Refuse to Answer..... 7

JT6.
POLSYR

In the past 6 months, have the police taken, confiscated, or destroyed your needles or other injection equipment without arresting or citing you?

Confiscated injection equipment
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Check_JT5.

If R got Narcan (DO5 [NALX6M EQ 1] go to JT7 [POLNAR].
Else, go to END_ACASI.

JT7.
POLNAR

In the past 6 months, have the police taken, confiscated, or destroyed your naloxone or Narcan without arresting or citing you?

Confiscated Narcan
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

No.....0
Yes.....1

END_ACASI. Thank you for answering these questions. You have completed the questions that you answer yourself. Please let the interviewer know when you are ready to continue with the interview.

CALC_E_TIME3 End time where respondent for ACASI questions. Automatic hidden variable.

E_TIME3 Respondent end time
__ : __

DRUG TREATMENT (TX)

CALC_S_TIME4 Start time for post-ACASI questions. Automatic hidden variable.

S_TIME4 Respondent start time
__ : __

Drug Treatment, History

INTRO_INTERV **INTERVIEWER:** The participant has answered difficult questions. Please check with the participant to make sure they feel comfortable moving forward with the questionnaire and if they need any assistance. Mention there will be referrals at the end of the questionnaire, if needed.

INTRO_DT6M **READ:** "Next, I'm going to ask you about your experiences in receiving treatment for drug use. By treatment, I mean you participated in a program or took medicine to treat your drug use. This includes outpatient, inpatient, residential, detox, or 12-step program. This does not include treatment for alcohol use."

TX1. In the past 6 months, have you felt that you needed treatment for your drug use?

DTFELT Drug treatment - 6 months
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

TX2. In the past 6 months, have you received treatment for your drug use?

DT6M Drug treatment - 6 months
No..... 0
Yes..... 1
Don't Know..... 9
Refuse to Answer..... 7

Medication-assisted Treatment, 6m

Check_INTRO_MAT

If R used opioids ([CALC_USE_OPIOIDS]=1 AND received treatment for drug use (TX2 [DT6M] EQ 1, go to INTRO_MAT. Else, go to TX6 [MATTRY].

INTRO_MAT. **READ:** "Now, I am going to ask you about your experiences with taking medicines to treat drug use due to use of opioids such as heroin, fentanyl, or painkillers such as Oxycontin. Medicines to treat drug use would include methadone or buprenorphine. Please only think about these medicines given to you by a doctor or other healthcare provider."

TX3. In the past 6 months, have you taken medicines that were provided by a doctor or other healthcare provider to treat opioid use?

MAT Drug tx - meds in past 6 months

No..... 0

Yes..... 1

Don't Know..... 9

Refuse to Answer..... 7

Check_TX4. If R was on MAT (TX3 [MAT] EQ 1), go to TX4 [MATTYP].
Else, go to TX6 [MATTRY].

TX4. In the past 6 months, which medicines that were provided by a doctor or other healthcare provider did you take to treat opioid use?

MATTYP [READ choices. CHECK ALL that apply.]

Drug tx - type meds

 Methadone

 Buprenorphine, also known as Suboxone or Subutex

 Naltrexone, also known as Vivitrol

 Other medicine

Don't Know..... 9

Refuse to Answer..... 7

Check_TX4spec. If R was prescribed 'other medicine' (TX4(4) [MATTYP(4)] EQ 1), go to TX4spec [MATTYP_S].
Else, go to TX5 [MATDOS].

TX4spec. INTERVIEWER: Specify other medication.

MATTYP_S Specify other medication

{text response; max characters = 100}

Check_TX5. If R was prescribed buprenorphine or methadone (TX4 [MATTYP(1 or 2)] EQ 1), go to TX5[MATDOS].
Else, go to TX6 [MATTRY].

TX5. In the past 6 months, when you took buprenorphine (e.g., Suboxone) or methadone, did you feel it relieved your symptoms?

MATDOS Drug tx - right dose

No..... 0

Yes..... 1

Don't Know..... 9

Refuse to Answer..... 7

TX6. In the past 6 months, did you try to get medicines to treat opioid use but were unable to?

MATTRY Drug tx - tried to get meds

No..... 0

Yes..... 1

Don't Know..... 9

Refuse to Answer..... 7

Check_TX7. If R tried but did not get medicine (TX6 [MATTRY] EQ 1), go to TX7 [MATTRYD].
Else, go to INTRO_EVERTEST.

TX7. In the past 6 months, which medicines did you try to get to treat opioid use but were unable to?
 [READ choices. CHECK ALL that apply.]

MATTRYD Drug tx - types tried
 Methadone
 Buprenorphine, also known as Suboxone or Subutex
 Naltrexone, also known as Vivitrol
 Other medicine
 Don't Know..... 9
 Refuse to Answer..... 7

Check_TX7spec. If R was prescribed 'other medicine' (TX7 [MATTRYD(4)] EQ 1), go to TX7spec [MATTRYD_S].
 Else, go to INTRO_EVERTEST.

TX7spec. INTERVIEWER: Specify other medicine.
 MATTRYD_S Specify other medicine

 {text response; max characters = 100}

HIV TESTING EXPERIENCES (HT)

INTRO_EVERTEST READ: "Now I'm going to ask you a few questions about getting tested for HIV."
 .

HIV Testing, Ever

HT1. Have you ever had an HIV test?
 EVERTEST Ever tested for HIV
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_HT2. If R ever tested for HIV (HT1 [EVERTEST EQ 1]), go to HT2a [RCNTST_M]. If R has never tested for HIV (HT [EVERTEST] EQ 0), go to HT5 [REAS12M].
 Else go to INTRO_PRPAWR.

Recent HIV Testing

HT2a. When did you have your most recent HIV test? Please tell me the month and year.
 [INTERVIEWER: FIRST ENTER MONTH OF HIV TEST]
 RCNTST_M Month of most recent HIV test
 January.....1.....
 February.....2.....
 March.....3.....
 April.....4.....
 May.....5.....
 June.....6.....
 July.....7.....
 August.....8.....

September.....	9.....
October.....	10.....
November.....	11.....
December.....	12.....
Don't Know.....	99.....
Refuse to Answer.....	77.....

[INTERVIEWER: ENTER YEAR OF MOST RECENT HIV TEST]

HT2b.

[FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

RCNTST_Y

Year of most recent HIV test

Range (Year)1900-2100

CALC_HIVTST_Y

HIDDEN CALCULATION: Interim calculation - number of years between IDATE_Y and RCNTST_Y

HIVTST_Y

[IDATE_Y] - [RCNTST_Y]

CALC_HIVTST_M

HIDDEN CALCULATION: Interim calculation - number of months between IDATE_M and RCNTST_M

HIVTST_M

[IDATE_M] - [RCNTST_M]

CALC_HIVTST_T

HIDDEN CALCULATION: Interim calculation - estimated number of months between IDATE and HIV test date factoring in years and months

HIVTST_T

([HIVTST_Y]*12)+[HIVTST_M]

CALC_TST12M

R was tested for HIV in the last 12 months.

TST12M

If [HIVTST_T]<=12, 1, 0

CALC_TSTM6

R was tested for HIV in the last months. 6

TSTM6

If [HIVTST_T]<=, 1, 06

Check_HT2.c

If R .HT3Else go to RCNTST].C_ [cgo to HT2RCNTST_Y EQ IDATE_Y-1), or if year of last test is year before interview year & month of last test not reported (, EQ MISSING))]RCNTST_YHT2b [& 99 77 OR EQ][RCNTST_Mdid know either month or year of last test (HT2a

HT2c.

Was your most recent test in the past 12 months?

C_RCNTST

HIV test in 12 months - y/n

No..... 0

Yes..... 1

Don't Know..... 9

Refuse to Answer..... 7

HT3.

The last time you were tested for HIV, where did you get tested?

	[DO NOT READ choices.]	
LOCHIV	Location of recent HIV test	
	HIV/AIDS street outreach program or mobile unit.....	1
	Drug treatment program.....	2
	Syringe exchange program.....	3
	Correctional facility (jail or prison)	4
	Family planning or obstetrics clinic.....	5
	Public health clinic or community health center.....	6
	Private doctor's office (including HMO)	7
	Emergency room.....	8
	Hospital (inpatient)	9
	At home.....	10
	Other.....	11
	Don't Know.....	99
	Refuse to Answer.....	77

What was the result of your most recent HIV test?

HT4.	[READ choices.]	
RCNTRST	Result most recent HIV test	
	Negative, you do NOT have HIV.....	1
	Positive, you DO have HIV.....	2
	Did not get result.....	3
	Don't Know.....	9
	Refuse to Answer.....	7

Check_ HT5. If recent test result was positive (HT4 [RCNTRST] EQ 2), go to HT7 [POSMD].

If recent test is negative and R did not test in past 12 months (HT4 [RCNTRST] EQ 1,3,9,7 AND TST12M EQ 0), go to HT5 [REAS12M].

If recent test was not in the past 12 months (HT2c [C_RCNTST] NE 1), go to HT5 [REAS12M].

Else, go to INTRO_PRPAWR.

CALC_POS6M

Hidden calculation: . tested positive for HIV in the past 6 monthsR

POS6M If [, 1, 0=2 and [TEST6M]=1]RCNTST

Barriers to HIV Testing

I'm going to read you a list of reasons why some people have not been tested for HIV. Which of these best describes the most important reason you have not been tested for HIV in the past 12 months?

HT5.	[READ choices.]	
REAS12M	Reason not tested past 12 mos	
	You think you are at low risk for HIV.....	1
	Your last test was HIV-negative.....	2
	You were afraid of finding out that you might have HIV.....	3
	You didn't have time.....	4
	No one offered you an HIV test.....	5
	No HIV testing was available.....	6
	You did not know where to get HIV testing.....	7

Some other reason.....	8
Don't Know.....	99
Refuse to Answer.....	77

SoftEdit_HT5. If R has never tested for HIV EQ 0" Please check with respondent and correct answers..Earlier, the respondent said they had never been tested for HIVINTERVIEWER: DISPLAY: " and said their last test was HIV-negative (HT5 [REAS12M[EQ 2), EQ 0)HT1 [EVERTEST] (Then go to IE8.

Check_HT5spec.	If most important reason not tested was 'other' (HT5 [REAS12M] EQ 8), go to HT5spec [REAS12M_S]. Else, go to INTRO_PRPAWR.
-----------------------	---

HT5spec. INTERVIEWER: Specify other reason not been tested for HIV in the past 12 months
REAS12M_S Most important reason not tested past 12 months

{text response; max length = 100 characters}

Linkage to Care

Have you ever been seen by a doctor, nurse, or other healthcare provider for a medical evaluation or care related to your HIV infection?

HT6.
POSMD

Seen health care provider for HIV infection	
No.....	0
Yes.....	1
Don't Know.....	9
Refuse to Answer.....	7

Check_HT7.	If R has ever seen a provider to treat HIV (HT6 [POSMD] EQ 1), go to HT7 [LASTMD]. Else, go to HT8.
-------------------	--

HT7.
LASTMD

Was your last visit for HIV care in the past 6 months?

Last HIV care in the past 6 months - n/y	
No.....	0
Yes.....	1
Don't Know.....	9
Refuse to Answer.....	7

HIV Medications

Filter: If [EL_IDU] EQ 1 and [CONSENTA] EQ 1 and [EVERTEST EQ 1] and [RCNTRST] EQ 2

HT8.
CURRARV

Are you currently taking antiretroviral medicines to treat your HIV infection?

Currently taking antiretrovirals	
No.....	0
Yes.....	1
Don't Know.....	9
Refuse to Answer.....	7

PrEP

--

INTRO_PRPAWR. READ: "The next questions are about the use of pre-exposure prophylaxis, or PrEP, such as Truvada, a medicine taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV."

HT9.	Before today, have you ever heard of PrEP?	
PRPAWR	PrEP, awareness	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

Check_HT12. If R has not heard of PrEP before today (HT9 [PRPAWR] EQ 1) or not tested HIV-positive [RCNTRST] <>2), go to HT10 [PRPUS6].
Else, go to INTRO_EVRHCTST.

HT10.	In the past 6 months, did you take PrEP?	
PRPUS6	PrEP use, 6 months	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

HT11.	In the past 6 months, did you try to get PrEP but were unable to?	
PRPTRY6	PrEP try, 6 months	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

HEALTH CONDITIONS (HC)

Hepatitis C (HCV)

INTRO_EVRHCTST READ: "Next, I'd like to ask you some questions about your health, in general. The first questions are about hepatitis C. Hepatitis C is spread through infected blood. Injection drug use is one of the most common reasons people get hepatitis C."

HC1.	Have you ever been tested for hepatitis C infection?	
EVRHCTST	Ever tested for HCV	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

Check_HC2a. If R ever tested for hepatitis C (HC1 [EVRHCTST] EQ 1), go to HC2a [RCHCTST_M].
Else, go to INTRO_ENDOCAR.

HC2a.	When did you have your <u>most recent</u> hepatitis C test? Please tell me the month and year.
RCHCTST_M	[INTERVIEWER: FIRST ENTER MONTH OF MOST RECENT HCV TEST] Month of most recent HCV test
	January.....1.....

February.....	2.....
March.....	3.....
April.....	4.....
May.....	5.....
June.....	6.....
July.....	7.....
August.....	8.....
September.....	9.....
October.....	10.....
November.....	11.....
December.....	12.....
Don't Know.....	99.....
Refuse to Answer.....	77.....

[INTERVIEWER: ENTER YEAR OF MOST RECENT HCV TEST]

[FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

HC2b.
RCHCTST_Y

Year of most recent HCV test

Range (Year)1900-2100

The last time you were tested for hepatitis C, where did you get tested?

[DO NOT READ choices.]

HC3.
HCVTLOC

Location of recent HCV test

HIV/AIDS street outreach program or mobile unit.....	1
Drug treatment program.....	2
Syringe exchange program.....	3
Correctional facility (jail or prison)	4
Family planning or obstetrics clinic.....	5
Public health clinic or community health center.....	6
Private doctor's office (including HMO)	7
Emergency room.....	8
Hospital (inpatient)	9
At home.....	10
Other.....	11
Don't Know.....	99
Refuse to Answer.....	77

Check_HC3spec.	If R reported 'Some other place' (HC3 [HCVTLOC] EQ 11), go to HC3spec [HCVTLOC_S]. Else, go to HC4 [HCVEVER].
-----------------------	--

HC3spec. INTERVIEWER: Type in other location where respondent got the last hepatitis C test.

HCVTLOC_S Other location where R got hepatitis C test

{text response; max length = 100 characters}

[Give Respondent Flashcard E.]

Has a doctor, nurse, or other healthcare provider ever told you that you had hepatitis C?

HC4.
HCVEVER

[READ choices].

Ever told had hepatitis C by doctor or nurse

No.....	1
Yes, I have been told I have hepatitis C and I have it now.....	2

Yes, I have been told I have hepatitis C, but I do not have it now.....	3
Yes, I have been told I have hepatitis C, but I do not know if I have it now.....	4
Don't Know.....	9
Refuse to Answer.....	7

Check_HC5. If R told they had hepatitis C (HC4 [HCVEVER] EQ 2,3,4), go to HC5 [WHENHCV]. Else, go to INTRO_ENDOCAR.

[Give Respondent Flashcard F.]

Approximately when were you last told you had hepatitis C?

HC5.	[READ choices.]	
WHENHCV	When told had HCV	
	Less than 1 year ago.....	1
	1 year to 5 years ago.....	2
	6 years to 10 years ago.....	3
	More than 10 years ago.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

HC6. Have you ever taken medicine to treat your hepatitis C infection?

HCVMED	Ever taken medicine to treat HCV	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

Check_HC7. If R took medicine hepatitis C (HC6 [HCVMED] EQ 1), go to HC7 (HCVMEDL). Else, go to HC9 [HCVTRY].

[Give Respondent Flashcard F.]

Approximately when did you last take medicine to treat your hepatitis C infection?

HC7.	[READ choices.]	
HCVMEDL	When treatment HCV	
	Less than 1 year ago.....	1
	1 year to 5 years ago.....	2
	6 to 10 years ago.....	3
	More than 10 years ago.....	4
	Don't Know.....	9
	Refuse to Answer.....	7

[Give Respondent Flashcard G.]

What was the outcome of your most recent hepatitis C treatment?

HC8.	[READ choices.]	
HCVOUT	Treatment outcome HCV	
	The medication worked, you are cured.....	1
	You are still on medication.....	2
	You stopped taking medication, the medication did not work.....	3
	You stopped taking medication, waiting on results.....	4
	You stopped taking medication for other reasons.....	5
	Don't Know.....	9
	Refuse to Answer.....	7

HC9.	Have you ever tried to get medicines to treat your hepatitis C infection but were unable to?
HCVTRY	Tried to get HCV meds
	No..... 0
	Yes..... 1
	Don't Know..... 9
	Refuse to Answer..... 7

Other Health Conditions

Check_HC.10 If R Intro_STLN6.. Else, go to)ENDOCAR (10HC), go to ES7 [EVRINJ] (ever injected any drug

INTRO_ENDOCAR. READ: "Now I will ask you about other health conditions."

HC10.	Has a doctor, nurse, or other healthcare provider ever told you that you had an infection of the heart valve, also known as endocarditis?
ENDOCAR	Ever told had endocarditis by doctor or nurse
	No..... 0
	Yes..... 1
	Don't Know..... 9
	Refuse to Answer..... 7

HC11.	Has a doctor, nurse, or other healthcare provider ever told you that you had a bone infection, also known as osteomyelitis?
OSEOM	Ever told had osteomyelitis by doctor or nurse
	No..... 0
	Yes..... 1
	Don't Know..... 9
	Refuse to Answer..... 7

HC12.	In the past 6 months, have you had an abscess?
ABSCCESS	Abscess, 6 months
	No..... 0
	Yes..... 1
	Don't Know..... 9
	Refuse to Answer..... 7

Check_HC13. If R had an abscess (HC12 [ABSCCESS] EQ 1) and saw a doctor in the past 6 months (DM5[VSITMD6] EQ 1, go to HC13 [ABSTX]. Else, go to INTRO_STLN6.

HC13.	In the past 6 months, did a doctor or other healthcare provider help take care of an abscess?
ABSTX	Abscess HC provider, 6 months
	No..... 0
	Yes..... 1
	Don't Know..... 9
	Refuse to Answer..... 7

Access to Syringe Services Program

INTRO_STLN6. READ: "Next I'd like to ask you about prevention services you may have received in the past 6 months. We will be asking you questions about getting needles, whether you may have used them yourself or not."

PA1. **In the past 6 months, have you gotten any new sterile needles? By new sterile needle, I mean no one - not even you - had ever used it before. .The needle could have been for you or someone else**

STLN6 Got new sterile needles, 6 m

No..... 0

Yes..... 1

Don't Know..... 9

Refuse to Answer..... 7

Check_PA2. If R got new sterile needles (PA1 [STLN6] EQ 1), go to PA2 [SNDLSRC]. Else, go to PA7 [SSPSER].

PA2. **From which of the following places or people did you get sterile needles in the past 6 months? You may choose more than one option.**

SNDLSRC [READ choices. CHECK ALL that apply.]

Sources of new sterile needles, 12m

Syringe exchange program

Pharmacy or drug store

Doctor's office, clinic, or hospital

Bought off the street

Internet

Someone who got them from a syringe exchange

Some other place or person

Don't Know..... 9

Refuse to Answer..... 7

Check_PA2spec. If R reported 'Some other place or person' (PA2 [SNDLSRC(7)] EQ 1), go to PA2spec [SNDLSRC_S]. Else, go to PA3 [SSPREAS].

PA2spec. **INTERVIEWER: Type in other sources for sterile needles.**

SNDLSRC_S Other source

{text response; max length = 100 characters}

Check_PA3. If R did not use SSP for needles (PA2(1) [SNDLSRC(1)] EQ 0), go to PA3[SSPREAS]. Else, go to PA4[SNDL30].

PA3. **What are the reasons you did not get sterile needles from a syringe exchange program?**

SSPREAS [DO NOT READ choices. CHECK ALL that apply]

No SSP reasons

Did not know about the syringe exchange

Got needles from other sources

Tried and did not want to use it again

Location was inconvenient

Location was too far away

Hours were not convenient

Did not trust that information would be kept private

Did not want to be identified as someone who injects drugs

Afraid of arrest or harassment by police

Something else

Don't Know.....	99
Refuse to Answer.....	77

Check_PA3spec If R reports something else (PA3(10) [SSPREAS(10)] EQ 1), go to PA3spec. Else, go to PA4[SNDL30].

PA3spec. **INTERVIEWER: Type in other reasons.**
 SSPREAS_S Other reasons

 {text response; max length = 100 characters}

Check_PA4. If R injected drugs in the past 6 months (E_INJ6 EQ 1), go to PA4 [SNDL30]. Else, go to PA6 [EXCHN].

PA4. **In the past 30 days, how many new sterile needles did you have for your personal use?**
 SNDL30 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]
 Number of needles, 30 days

 Range.....0-300

Check_PA5. If R got new sterile needles from SSP (PA2(1) [SNDLSRC(1)] EQ 1 AND SNDL30 GE 1), go to PA5 [SNDL30X]. Else, go to PA7 [SSPSER].

PA5. **In the past 30 days, how many of the [INSERT SNDL30] sterile needles did you get from the syringe exchange program?**
 SNDL30X [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]
 Number of needles from SEP, 30 days

 Range.....1-300

SoftEdit_PA5. If number of total needles obtained from an SEP in the past 30 days (PA5 [SNDL30X] GT number of total needles in past 30 days (PA4 [SNDL30], read: "INTERVIEWER: Number of needles obtained at a syringe exchange program cannot be greater than the total number of needles. Please check these numbers with the respondent and correct those data."

PA6. **In the past 6 months, not including yourself, for how many different people did you get needles at the syringe exchange program?**
 EXCHN Number of people, secondary exchange
 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

 Range.....0-776

PA7. **In the past 6 months, other than syringes, have you received services, counseling, information, or other products from the syringe exchange program?**
 SSPSER SSP received, 6m
 No..... 0
 Yes..... 1
 Don't Know..... 9
 Refuse to Answer..... 7

Check_PA8. If R got services or products from SSP (PA7 [SSPSER] EQ 1), go to PA8 [SSPREC]. Else, go to E_TIME4.

PA8. In the past 6 months, other than syringes, what services, counseling, information, or other products have you received from the syringe exchange program?

[DO NOT READ choices. CHECK ALL that apply]

SSPREC

- SSP received, types 6m
- Naloxone/Narcan and/or overdose prevention education
- Injecting equipment such as cookers, cotton, water, etc.
- Sharps container
- Food, showers, or medication locker
- Information on or referrals to mental health services
- Information or counseling about sexual risk behaviors
- Information or counseling about injection risk behaviors
- Recovery coaches
- Peer support
- Referrals to treatment for drug use
- Medication-assisted treatment for drug use (e.g., buprenorphine)
- Treatment for HIV or HCV
- Testing for and/or information on HIV or HCV
- Wound care
- Reproductive healthcare, pregnancy test, or condoms
- Vaccinations
- Something else
- Don't Know..... 9
- Refuse to Answer..... 7

Check_PA8spec.	If R reports 'Something else' (PA8(17) [SSPREC(17)] EQ 1), go to PA8spec [SSPREC_S]. Else, go to PA9 [SSPIMP].
-----------------------	---

PA8spec. INTERVIEWER: Specify other services, counseling, information, or products received at syringe exchange program.
SSPREC_S Other received from SSP

{text response; max length = 100 characters}

Now I'd like to ask about what you think could make the syringe exchange program better for you. Please list up to three ways:

PA9. [DO NOT READ CHOICES. SELECT NO MORE THAN THREE.]

SSPIMP

- SSP improvement
- Open more days or hours
- More convenient location or more locations
- Available or accessible staff
- Offered more needles/had no limit on the number of needles
- Delivered to homes
- Naloxone/Narcan and/or overdose prevention education
- Injecting equipment such as cookers, cotton, water, etc.
- Sharps container
- Food, showers, or medication locker
- Information on or referrals to mental health services
- Information or counseling about sexual risk behaviors
- Information or counseling about injection risk behaviors
- Recovery coaches
- Peer support
- Referrals to treatment for drug use
- Medication-assisted treatment for drug use (e.g., buprenorphine)
- Treatment for HIV or HCV

Testing for and/or information on HIV or HCV	
Wound care	
Reproductive healthcare, pregnancy test, or condoms	
Vaccinations	
Something else	
No changes needed	
Don't Know.....	99
Refuse to Answer.....	77

Check_PA9spec.	If R reports 'Something else' (PA9(22) [SSPIMP(22)] EQ 1), go to PA9spec[SSPIMP_S]. Else, go to E_TIME4.
-----------------------	---

PA9spec.	INTERVIEWER: Type in other services to improve at syringe exchange program.
SSPIMP_S	Other services for improvement

	{text response; max length = 100 characters}
	<u>Filter:</u>
	If R reports 'Something else' (PA9(22) [SSPIMP(22)] EQ 1)

CALC_E_TIME4	End time of questionnaire. Automatic hidden variable.
E_TIME4	Respondent end time
	__ : __

END OF SURVEY (END)

INTRO_END. READ: "Thank you answering these questions and for your participation so far."

END1. INTERVIEWER: Please confirm. Did the person complete the survey?
C_CMPLT Confirm Complete
Did NOT complete the survey..... 0
DID complete the survey..... 1

END2. INTERVIEWER: Please enter the date this interview was
completed. (mm/dd/yyyy):
EDATE End date
--/~/

END3. INTERVIEWER: Please enter the time the interview ended (hh:mm)
using a 24-hour clock. Example: 1:30pm should be entered as
13:30.
END End time
_:

Interviewer Assessment - Post-Interview

END4. INTERVIEWER: How confident are you of the validity of the respondent's answers?
VALIDITY Confidence in validity of answers
Confident..... 1
Some doubts..... 2
Not confident at all..... 3

Check_END4spec. If Interviewer doubts validity of responses (END4 [VALIDITY] EQ 2 or 3), Go to END4spec [VALIDITY_S].
Else, go to END5.

END4spec. INTERVIEWER: Please explain why you are not confident in
the respondent's answers:
VALIDITY_S Specify why not confident in answers

{text response; max length = 1000 characters}

Interviewer Comments

END5. INTERVIEWER: Do you have any comments to add?
INTCOMM Interviewer Comments
No..... 0
Yes..... 1

Check_END6
END6.
INTTXT

If Interviewer has comments (END5, [INTCOMM] EQ 1), go to END6 [INTTXT]. Else, end survey.

INTERVIEWER: Enter interviewer comments

Interviewer comments text

{text response; max length = 1000 characters}

FLASHCARDS

FLASHCARD A

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

FLASHCARD B

- Man
- Woman
- Genderqueer/non-binary
- Trans man
- Trans woman
- Other gender not listed

FLASHCARD C

- A relative or family member
- A person you have sex with
- A person you use drugs with or buy drugs from
- A friend
- An acquaintance, that is, a person you know but do not consider a friend
- A stranger, you don't know the person or just met them

FLASHCARD D

- A private plan – through an employer or purchased directly
- A government plan such as Medicaid or Medicare
- Some other health insurance

FLASHCARD E

- No
- Yes, I have been told I have hepatitis C and I have it now
- Yes, I have been told I have hepatitis C, but I do not have it now
- Yes, I have been told I have hepatitis C, but I do not know if I have it now

FLASHCARD F

- Less than 1 year ago
- 1 year to 5 years ago
- 6 to 10 years ago
- More than 10 years ago

FLASHCARD G

- The medication worked, you are cured
- You are still on medication
- You stopped taking medication, the medication did not work
- You stopped taking medication, waiting on results
- You stopped taking medication for other reasons

FLASHCARD AA

- Speedball
- Goofball
- Fentanyl, by itself or mixed with other drugs
- Heroin, by itself
- Methamphetamine, by itself
- Powder cocaine, by itself
- Crack cocaine, by itself
- Painkillers, such as Oxycontin, Dilaudid, or Percocet
- Benzodiazepines or other downers
- Methadone
- Buprenorphine, also known as Suboxone and Subutex
- Something else

FLASHCARD BB

- More than once a day
- Once a day
- More than once a week
- Once a week or less

FLASHCARD CC

- Speedball
- Goofball
- Heroin
- Methamphetamine
- Powder cocaine
- Crack cocaine
- Painkillers, such as Oxycontin, Dilaudid, or Percocet
- Benzodiazepines or other downers
- Methadone
- Buprenorphine, also known as Suboxone and Subutex
- Something else

FLASHCARD DD

- Never
- Rarely
- About half the time
- Most of the time
- Always

FLASHCARD EE

- Sex partner, such as your spouse, boyfriend/girlfriend, or other person you have sex with
- Relative
- Friend or acquaintance
- Needle or drug dealer
- Stranger or someone you did not know well
- Someone else

FLASHCARD FF

- Marijuana
- Methamphetamine
- Crack cocaine
- Powder cocaine
- Benzodiazepines or other downers
- Painkillers, such as Oxycontin, Dilaudid, or Percocet
- X or ecstasy (MDMA)
- Heroin
- Adderall, Ritalin, or other commonly prescribed stimulants
- Methadone
- Buprenorphine, also known as Suboxone and Subutex
- Something else