Form Approved

OMB No. 0920-xxxx

Expiration Date: XX/XX/XXXX

### Injection Drug Use Surveillance Project

#### Attachment # 3

## Eligibility Screening Form

#### Privacy Act Statement:

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) and staff at the University of Washington to develop a surveillance system to monitor drug use risk and prevention behaviors and the infectious disease consequences of high-risk drug use in syringe services programs (SSPs) in rural and urban areas the US.

Public reporting burden of this collection of information is estimated to average 5 minutes to screen and assess for eligibility in order to partake in survey. 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)

# **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:		
	_	

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IE4. INTERVIEWER: City (SSP location):	<ul><li>○ [CITY 1]</li><li>○ [CITY 2]</li><li>○ [CITY 3]</li></ul>	

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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.)



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

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IE8. INTERVIEWER: Field Site ID:	

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

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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?	<ul><li>◯ January</li><li>◯ February</li></ul>	
[INTERVIEWER: FIRST ENTER MONTH OF BIRTH]	<ul> <li>March</li> <li>April</li> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> <li>Don't Know</li> </ul>	
	Refuse to Answer	

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ES1b. [INTERVIEWER: ENTER YEAR OF BIRTH]

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



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	



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

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

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AGE HIDDEN CALCULATION: Calculated age, confirmed by R	



ES2. Do you consider yourself to be Hispanic, Latino/a, or Spanish origin?	<ul> <li>No</li> <li>Yes</li> <li>Don't Know</li> <li>Refuse to Answer</li> <li>(If necessary, say "Just tell me Yes or No.")</li> </ul>

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[GIVE RESPONDENT FLASHCARD A.]	☐ American Indian or Alaska Native ☐ Asian
ES3. Which racial group or groups do you consider yourself to be in? You may choose more than one option.	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
option.	☐ Don't Know
[READ choices. CHECK ALL that apply.]	<ul><li>☐ Refuse to Answer</li><li>☐ Not Applicable</li></ul>

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02/19/2020 4:18pm projectredcap.org

[GIVE RESPONDENT FLASHCARD B.]	☐ Man
ES4. What best describes your gender? You may choose	☐ Genderqueer/non-binary
more than one option.	☐ Trans man
·	Trans woman
[READ choices. CHECK ALL that apply.]	Other gender not listed
	☐ Don't Know
	Refuse to Answer

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ES4spec. INTERVIEWER: What best describes your gender?	



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ES5. What was your sex at birth?	○ Male
	○ Female
[DO NOT READ choices.]	○ Intersex/ambiguous
	○ Don't Know
	○ Refuse to Answer

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ES6. How well do you speak English?	O Very well	
IREAD alsoiner 1	○ Well	
[READ choices.]	<ul><li>○ Not well</li><li>○ Not at all</li></ul>	
	O Don't Know	
	<ul><li>Refuse to Answer</li></ul>	

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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?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>

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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)



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ES8b. [INTERVIEWER: Was this days or months or years?]	<ul><li>○ Days</li><li>○ Months</li><li>○ Years</li></ul>	

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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	0	0	0	0
Goofball, which is heroin and methamphetamine together	0	0	0	0
Fentanyl, by itself or in combination with other drugs	0	0	0	0
Heroin, by itself	$\circ$	$\circ$	$\circ$	$\circ$
Methamphetamine, by itself, also known as meth or speed	0	0	0	0
Powder cocaine, by itself	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$
Crack cocaine, by itself	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$
Painkillers, such as Oxycontin, Dilaudid, or Percocet	$\circ$	0	0	0
Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin	$\bigcirc$	0	0	0

ES10. In the past 6 months, have you injected methadone?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>	

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ES11. In the past 6 months, have you injected buprenorphine, also known as Suboxone or Subutex?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>

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ES12. Are there any other drugs you have injected in the past 6 months?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>	

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ES12spec. INTERVIEWER: Specify other injection drug.	



<ul> <li>Speedball, which is heroin and cocaine together</li> <li>Goofball, which is heroin and methamphetamine</li> </ul>
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



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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."



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ES14. Have you ever in your life used any drugs that you did not inject?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>	

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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)



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ES15b. [INTERVIEWER: Was this days or months or years?]	<ul><li>○ Days</li><li>○ Months</li><li>○ Years</li></ul>	

E_DRG6 HIDDEN CALCULATION: used drug in last 6 months	



ES16. In the past 6 months, w	inich arugs ala	you use that did	i NOT Inject? Plea	ise say "yes" or
"no" to each drug I mention.				
	No	Yes	Don't Know	Refuse to Answer
Marijuana	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$
Methamphetamine, also known as meth or speed	$\bigcirc$	0	0	0
Crack cocaine	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Powder cocaine	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Benzodiazepines or other downers, such as Valium, Xanax, or Percocet	0	0	0	0
Painkillers, such as Oxycontin, Dilaudid, or Percocet	0	0	0	0
X or ecstasy (MDMA)	$\circ$	$\circ$	$\circ$	$\circ$
Heroin	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Fentanyl, by itself or in combination with other drugs	0	0	0	0
Adderall, Ritalin, or other commonly prescribed stimulants	$\circ$	0	0	0

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ES17. In the past 6 months, have you used methadone that was not prescribed or not taken as prescribed?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>

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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?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>	

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ES19. Are there any other drugs you have used and did not inject in the past 6 months?	<ul><li>○ No</li><li>○ Yes</li><li>○ Don't Know</li><li>○ Refuse to Answer</li></ul>	

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ES19spec. INTERVIEWER: Specify other non-injection	
drug.	



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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:	<ul><li>☐ Not able to understand or give permission</li><li>☐ Cannot speak and understand English</li></ul>
[CHECK ALL that apply.]	



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ES22. INTERVIEWER: Has this person participated in this study before?	○ No ○ Yes

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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."

**REDCap** 

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.]



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

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

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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?	<ul><li>○ No</li><li>○ Yes</li></ul>	

HIDDEN, AUTOMATIC: End time of eligibility screener	

**REDCap**