

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	<b>INTERVIEWER:</b>	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  
INTERVIEWER ENTERED INFORMATION (IE)/ELIGIBILITY SCREENER (ES)**

**INTRO\_OMB.** "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)."

**IE1a. INTERVIEWER: Please enter today's date. Start by entering the month.**

**IDATE\_M** IDATE month

January.....	1.....
February.....	2.....
March.....	3.....
April.....	4.....
May.....	5.....
June.....	6.....
July.....	7.....
August.....	8.....
September.....	9.....
October.....	10.....
November.....	11.....
December.....	12.....

**IE1b. INTERVIEWER: Enter the day.**

**IDATE\_D** IDATE day

---- ----

Range.....1-31.....

**INTERVIEWER: Enter the year.**

**IE1c. Field note: Please enter four digits.**

**IDATE\_Y** IDATE year

---- ---- ---- ----

Range.....2020-2030.....

**SoftEdit\_IE1c.** The date you entered is not possible. Please correct the manually-entered date.

**CALC\_AUTODATE**

Automatic, hidden variable: Today's date

**AUTODATE**

Automatic start date

-- / -- / ----

**SoftEdit\_AUTODATE.** INTERVIEWER: "Please confirm that the date you manually entered (IDATE\_M-IDATE\_D-IDATE-Y) matches today's date ([calc\_autodate])."

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

Field note: You may click "Now."

IE2.

START

Start time

\_\_ : \_\_

IE3.

**INTERVIEWER: Please choose the unique program ID for this SSP**

Program ID

PROGID

Ellensburg, Washington	1001
Wilmington, North Carolina	1002
New Haven, Connecticut	1003
Madison, Wisconsin	1004

IE4.

**INTERVIEWER: Interviewer ID:**

Interviewer ID

ICODE

Field note: Cannot exceed two digits.

----

Range.....1-99.....

IE5.

**INTERVIEWER: City (SSP main location):**

SSPCITY

City

Ellensburg, Washington.....	5321240.....
Wilmington, North Carolina.....	3774440.....
Indianapolis, Indiana.....	1836003.....
New Haven, Connecticut.....	0952000.....
Madison, Wisconsin.....	5548000.....

IE6.

**INTERVIEWER: Participant ID:**

PID

Participant ID

---- Must be 4 digits

1000-

Range.....9999.....

**INTERVIEWER: Please copy the following unique Survey ID in the text box:**

[SSPCITY] [PID]

IE7.

Field note: Do not include any spaces.

SURID

Survey ID

-----

IE8.

**INTERVIEWER: Is [fill with SURID] correct?**

C\_SURID            Correct concatenated SURID  
 No.....0.....  
 Yes.....1.....

**SoftEdit\_IE6.**    If SURID NOT correct (C\_SURID EQ 0), DISPLAY: "INTERVIEWER: Please go back to IE7 to re-enter the survey ID."  
 Then go to IE8.

**Recruitment**

**IE9.**                **INTERVIEWER: Field Site ID:**  
**Field note: Cannot exceed two digits**  
 FLDSTEID        Field site ID  
 ---- ----  
 Range .....0:99.....

**IE10.**            **INTERVIEWER: How did the respondent get recruited for this study?**  
 ISEP                Respondent selected from SEP  
 Directed by syringe services program.....1.....  
 Referred by someone, with a referral card.....2.....  
 Referred by someone, without a referral card.....3.....  
 Word of mouth.....4.....

**INTRO\_DOB.**        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."

**CALC\_S\_TIME1**        **Start time of eligibility screener Automatic hidden variable.**  
 S\_TIME1            Respondent start time  
 \_\_ : \_\_

**Demographic Information**

**ES1.**                **How old are you?**  
**[INTERVIEWER: DO NOT READ RESPONSES AND SELECT APPROPRIATE CATEGORY]**  
 AGECAT            Age category  
 Under 18 years.....1.....  
 18-24 years.....2.....  
 25-29 years.....3.....  
 30-34 years.....4.....  
 35-39 years.....5.....  
 40-44 years.....6.....  
 45-49 years.....7.....  
 50-54 years.....8.....  
 55-59 years.....9.....  
 60-64 years.....10.....

65 years or older.....	11.....
Don't Know.....	99.....
Refuse to Answer.....	77.....

<b>Check_ES2.</b>	If R LT 18 years old (AGECAT EQ 1), go to INTRO_CALC_EL. Else, go to ES2 [HISPANIC].
-------------------	-----------------------------------------------------------------------------------------

**ES2.**  
HISPANIC

**Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?**  
[INTERVIEWER: If necessary, say "Just tell me Yes or No."]

Latino ethnicity

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

[Give Respondent Flashcard A.]  
**Which racial group or groups do you consider yourself to be in? You may choose more than one option.**

**ES3.**  
RACE

[READ choices. CHECK ALL that apply.]

Racial group (number reported)

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

Don't Know.....	9.....
Refuse to Answer.....	7.....
Not Applicable.....	8.....

[Give Respondent Flashcard B.]

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

**ES4.**  
GENDER

[READ choices. CHECK ALL that apply.]

Gender

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

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

<b>Check_ES4spec.</b>	If R reports 'other gender not listed' (ES4(6) [GENDER] EQ 1), go to ES4spec [GENDER_S]. Else, go to ES5 [BIRTHSEX].
-----------------------	-------------------------------------------------------------------------------------------------------------------------

ES4spec. INTERVIEWER: What best describes your gender?  
GENDER\_S Specify other gender

-----  
{text response; max characters = 100}

ES5. What was your sex at birth?  
BIRTHSEX [DO NOT READ choices.]  
Sex at birth  
Male.....1.....  
Female.....2.....  
Intersex/ambiguous.....3.....  
Don't Know.....9.....  
Refuse to Answer.....7.....

ES6. How well do you speak English?  
ENGPCY [READ choices.]  
English proficiency  
Very well.....1.....  
Well.....2.....  
Not well.....3.....  
Not at all.....4.....  
Don't Know.....9.....  
Refuse to Answer.....7.....

**Behavioral Eligibility - Injection Drug Use**

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."

INTRO\_EVRINJ.

ES7. Have you ever in your life injected any drugs?  
EVRINJ Eligibility: ever injected  
No.....0.....  
Yes.....1.....  
Don't Know.....9.....  
Refuse to Answer.....7.....

Check\_ES8a. If R ever injected (ES7 [EVRINJ] EQ 1), go to ES8a [LINJN].  
Else, go to INTRO\_EVRDRG.

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

LINJN

IDU ES: When last injected, number

— — —  
 Range.....0-365.....

<b>Check_ES8b.</b>	If R last injected today (ES8a [LINJN] EQ 0) go to CALC_E_INJ6, if R did not report the last time they injected (ES8a [LINJN] EQ MISSING), go to INTRO_EVRDRG. Else, go to ES8b [LINJU].
--------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

LINJU

IDU ES : When last injected, unit

Days.....0.....  
 Months.....1.....  
 Years.....2.....

<b>CALC_E_INJ6</b>	injected in last 6 months	E_INJ6 = if([ldrgn]=0, 1, if([ldrgu]=0 and [ldrgn]<=183), 1, if([ldrgu]=1 and [ldrgn]<=6), 1,if([ldrgn]="",0,0)))
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<b>Check_ES9.</b>	If R injected in the last 6 months (E_INJ6 EQ 1), go to ES9 [INJDRUG]. Else, go to INTRO_EVRDRG.
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**ES9. In the past 6 months, which drugs have you injected? Please say "yes" or "no" to each drug I mention.**

INJDRUG

Eligibility, drug usually injected

INJDRUGA

Speedball, which is heroin and cocaine together

INJDRUGB

Goofball, which is heroin and methamphetamine together

INJDRUGC

Fentanyl, by itself or in combination with other drugs

INJDRUGD

Heroin, by itself

INJDRUGE

Methamphetamine, by itself, also known as meth or speed

INJDRUGF

Powder cocaine, by itself

INJDRUGG

Crack cocaine, by itself

INJDRUGH

Painkillers, such as Oxycontin, Dilaudid, or Percocet

INJDRUGI

Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin

Don't Know..... 9

Refuse to Answer..... 7

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

INJELM

Eligibility: injection, methadone

No.....0.....

Yes.....1.....

Don't Know.....9.....

Refuse to Answer.....7.....

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

INJELB

Eligibility: injection, buprenorphine

No.....0.....

Yes.....1.....

Don't Know.....9.....

Refuse to Answer.....7.....

**ES12. Are there any other drugs you have injected in the past 6 months?**  
 INJOTH Eligibility: injection, other  
 No.....0.....  
 Yes.....1.....  
 Don't Know.....9.....  
 Refuse to Answer.....7.....

**Check\_ES12spec.** If R reports injecting other drugs (ES12 [INJOTH] EQ 1), go to ES12spec [INJOTH\_S].  
 Else, go to USINJ.

**ES12spec. INTERVIEWER: Specify other injection drugs.**  
 INJOTH\_S Specify other injection drug

-----  
 {text response; max characters = 100}

**ES13. Which drug do you inject most often?**  
 USINJ [DO NOT READ choices.]  
 Eligibility, drug usually injected

Speedball, which is heroin and cocaine together.....	1
Goofball, which is heroin and methamphetamine together.....	2
Fentanyl, by itself or in combination with other drugs.....	3
Heroin, by itself.....	4
Methamphetamine, by itself, also known as meth or speed.....	5
Powder cocaine, by itself.....	6
Crack cocaine, by itself.....	7
Painkillers, such as Oxycontin, Dilaudid, or Percocet.....	8
Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin.....	9
Methadone.....	10
Buprenorphine, also known as Suboxone or Subutex.....	11
Something else.....	12
Don't Know.....	99
Refuse to Answer.....	77

**Check\_ES13spec.** If R most often injects 'something else' (ES13 [USINJ] EQ 12), go to ES13spec [USINJ\_S].  
 Else, go to INTRO\_EVRDRG.

**SoftEdit\_ES13.** If R says the drug they use the most often is not one of the drugs they have used in the past 6 months, DISPLAY:  
 "INTERVIEWER: The drug the respondent injects the most often should be a drug they reported using in the past 6 months. Please confirm answers with respondent and correct data."

**ES13spec. INTERVIEWER: Specify other injection drug.**  
 USINJ\_S Specify other injection drug

-----  
 {text response; max characters = 100}

**Behavioral Eligibility -Drug Use**

INTRO\_EVRDRG. 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?**  
 EVRDRG Eligibility: ever used non-injection drugs  
 No.....0.....  
 Yes.....1.....  
 Don't Know.....9.....  
 Refuse to Answer.....7.....

**Check\_ES15a.** If R ever used (ES14 [EVRDRG] EQ 1), go to ES15a [LDRGN].  
 Else, go to ES20 [CAPABLE].

**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"]  
 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]  
 LDRGN IDU ES: When last used non-injection drugs, number  
 — — —  
 Range.....0-:365.....

**Check\_ES15b.** If R last injected today (ES13a [LDRGN] EQ 0), go to ES16 [USDRG]. If ES15a [LDRGN] EQ MISSING, go to ES20 [CAPABLE]. Else, go to ES15b [LDRGU].

**ES15b. [INTERVIEWER: Was this days or months or years?]**  
 LDRGU IDU ES : When last used drugs, unit  
 Days.....0.....  
 Months.....1.....  
 Years.....2.....

**CALC\_E\_DRG6.** E\_DRG6 = if([ldrgn]=0, 1, if(((ldrgu)=0 and [ldrgn]<=183), 1, if(((ldrgu)=1 and [ldrgn]<=6), 1,if([ldrgn]="",0,0))))  
**E\_DRG6** used drug in last 6 months

**Check\_ES16.** If R injected in the last 6 months (E\_DRG6 EQ 1), go to ES16 [USDRG]. Else, go to ES20 [CAPABLE].

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

- USDRG Eligibility, drug used not injected
- USDRGA Marijuana
- USDRGB Methamphetamine, also known as meth or speed
- USDRGC Crack cocaine
- USDRGD Powder cocaine
- USDRGE Benzodiazepines or other downers such as Valium, Xanax, or Klonopin
- USDRGF Painkillers, such as Oxycontin, Dilaudid, or Percocet

USDRGG	X or ecstasy (MDMA)	
USDRGH	Heroin	
USDRGI	Fentanyl, by itself or in combination with other drugs	
USDRGJ	Adderall, Ritalin, or other commonly prescribed stimulants	
	Don't Know.....	9
	Refuse to Answer.....	7

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

USELM	Eligibility: use, methadone	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

**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?**

USELB	Eligibility: use, buprenorphine	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

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

USOTH	Eligibility: use, other	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

<b>Check_ES19spec.</b>	If R reports injecting other drugs (ES19 [USOTH] EQ 1), go to ES19spec [USOTH_S]. Else, go to ES20 [CAPABLE].
------------------------	------------------------------------------------------------------------------------------------------------------

**ES19spec. INTERVIEWER: Specify other drug that R did not inject.**

USOTH\_S Specify other non-injection drug

-----  
{text response; max characters = 100}

<b>CALC_E_DRGEL</b>	Non-injection drugs	E_DRGEL= if(((usdr gb)=1 or [usdr gc]=1 or [usdr gd]=1 or [usdr ge]=1 or [usdr gf]=1 or [usdr gg]=1 or [usdr gh]=1 or [usdr gi]=1 or [usdr gj]=1 or [usel m]=1 or [usel b]=1), 1, 0)
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### Interviewer Assessment

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

CAPABLE	Eligibility: able to complete	
	No.....	0
	Yes.....	1

**Check\_ES21.** If R is able to complete the survey (ES20 [CAPABLE] EQ 1, go to ES22 [E\_PART].  
Else, go to ES21.

**ES21.** **INTERVIEWER: Specify reason person not able to complete the interview: [CHECK ALL that apply.]**  
CAPREAS Eligibility: Reason not able to complete  
Not able to understand or consent  
Cannot speak and understand English

**ES22.** **INTERVIEWER: Has this person participated in this study before?**  
E\_PART Eligibility: Previous participant  
No.....0.....  
Yes.....1.....

**ES23.** **INTERVIEWER: Did your field supervisor tell you that this person cannot complete the survey for some other reason?**  
SUPERV Eligibility: field supervisor reason  
No.....0.....  
Yes.....1.....

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

**CALC\_EL\_IDU.** EL\_IDU = IF((AGECAT NE 1 & CAPABLE=1 & E\_PART=0 & SUPERV=0 & (E\_INJ6=1 OR (E\_DRG6=1 AND E\_DRGEL=1))),1,0)

**Check\_ES21.** If R is not eligible (EL\_IDU EQ 0) go to END\_ESIN. Else, go to END\_ESEL.

**END\_ESIN.** 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." Go to END1 (C\_CMPLT).

**END\_ESEL.** 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 consent process.] Then go to Consent Section (CN).

**PROGRAM PERMISSION FORM (CN)**

- READ: "1. This project is conducted by SSP enrollment site, University of Washington, and the Centers for Disease Control and Prevention (CDC) to collect information on HIV and hepatitis C in your community. We will use this information to plan better HIV and hepatitis C virus (HCV) prevention and treatment programs for people in your community.
2. Taking part in this project is your decision. Your choice will not affect your right to health care or other services. We will send information from this project to the CDC, but we will not send any information that could identify you.
3. If you agree to participate, you will do an interview with me. I'll ask you questions about your sex practices, drug use, and other health topics. You can refuse to answer any questions. You can stop the interview at any time without penalty. The interview will take about 30 minutes.
4. As part of this project, you will be offered a free rapid HIV antibody test at your enrollment site. This will involve enrollment site staff sticking your finger with a small lancet to draw a small amount of blood. Your results will be ready within 60 seconds. If this test is reactive (positive), site staff will offer you a referral for additional testing to confirm your results.
5. We will also offer you a free testing for HCV infection and antibodies. HCV testing will be conducted using small amounts of blood taken at the same time as performing the finger prick for your rapid HIV test. The small amounts of your blood from the finger prick will be placed on filter paper and sent to a CDC laboratory for testing. The results of your HCV tests will be available in 2 weeks. You will be provided a secure, private number to call to check your HCV test results.
6. If you agree, we'd also like to store any specimen left over from these tests for future projects.
7. Finally, I may give you the option to invite people to participate in the project.
8. There are minimal risks from being in this project. You may experience temporary discomfort in your finger from the needle stick. Some interview questions may make you feel uncomfortable and knowing your HIV or HCV test result may be upsetting, but I and site staff are here to discuss any concerns you have.
9. You may benefit from this project by learning about HIV, HCV, and other infections and how to prevent them. You will also learn your HIV and HCV status and we will refer you for any specialized treatment you may need.
10. If you complete the interview, we'll pay you \$20. If you complete the HIV and HCV testing, we'll pay you an additional \$20. After the survey, I may ask you to invite people you know to participate in this project. If you agree, you may receive \$10 each for up to 4 people you refer.
11. If you decide not to participate, there will be no penalty to you. If you want information about HIV testing the field site staff can refer you to other places to get tested.
12. If you have any questions about this project, you can contact these people (*Site PI*).
13. Everything you tell us will be kept private—it will only be available to people working on this project. I will not ask your name. To receive your HCV results and referral payments, we will create a code based on information that only you can give us. This is to make sure the right person receives the correct HCV results and referral payments..
14. There is a very small chance that the data could legally be forced to be released. To keep the data anonymous and not able to be linked to you, I will not ask for your name or any other identifying information.

**INTRO\_CONSENTA.**

**CN1.**

**Do you agree to take part in the survey?**

CONSENTA

Consent to survey

No.....0.....

Yes.....1.....

**Check\_CN2.** If R does not consent (CN1 [CONSENTA] NE 1), this survey will STOP immediately.  
Else, go to CN2 [CONSENTB].

**CN2. Do you agree to HIV counseling and testing?**  
CONSENTB Consent to HIV testing  
No.....0.....  
Yes.....1.....

**CN3. Do you agree to hepatitis C testing?**  
CONSENTC Consent to HCV testing  
No.....0.....  
Yes.....1.....  
Not offered.....2.....

**Check\_CN4.** If R consents to HIV or hepatitis testing (CN2 [CONSENTB] EQ 1 OR CN3 [CONSENTC] EQ 1), go to CN4 [CONSENTD].  
Else, go to E\_TIME1.

**CN4. Do you agree to let us store some of your blood for future testing?**  
CONSENTD Consent to specimen storage  
No.....0.....  
Yes.....1.....  
Not offered.....2.....

**CALC\_E\_TIME1**  
**End time of eligibility screener Automatic hidden variable.**  
E\_TIME1 Respondent end time  
\_\_ : \_\_

NETWORK SECTION (NS)

Recruiter Relationship

Check\_INTRO\_NSREL. If R has been recruited by someone (IE10 [ISEP] EQ 2 OR 3), 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 Start time of core questionnaire. Automatic hidden variable. S\_TIME2 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? Please tell me only the first three digits.**  
 [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]  
 ZIP Zip code  
 \_\_\_\_\_  
 Range.....005-999.....

**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.....

<b>Check_DM10spec.</b>	If R reported 'other' (MAININC=9), go to DM10spec [MAININC_S]. Else, go to INTRO_DISDEAF.
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**DM10spec.**                    **INTERVIEWER: Specify other main source of income**  
**MAININC\_S**                    Specify other main source of income

-----  
 {text response; max length = 100 characters}

**Disability**

<b>INTRO_DISDEAF</b>	READ: "The next questions are about your overall health."
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**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                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  
 \_\_ : \_\_

**AC0.**                    **INTERVIEWER: Does the participant have the option to complete the next section on his or her own (e.g., ACASI)?**  
 ACASI\_OPTION        Is ACASI possible - y/n  
 No..... 0  
 Yes..... 1

**Check\_AC0.**                    If ACASI is not possible (ACASI\_OPTION=0), go to CALC\_S\_TIME\_3.  
 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 ACASI is not possible (ACASI\_OPTION=1), go to INTRO1\_SXEVEER.  
 Else, go to INTRO\_SXEVEER.

**INTRO1\_SXEVEER.** READ: "The next few sections will have some sensitive questions about your sex life and drug use."

**SEXUAL BEHAVIOR (SX)**

**INTRO\_SXEVEER.** 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?**

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

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

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

<b>Check_SX7.</b>	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 (SX7 [SXUVASP(3)] EQ 1) and SX4 [SXREXCH] NE 1 and SX5 [SXGEXCH] NE 1 ,  
 DISPLAY: "INTERVIEWER: Earlier the respondent said they had not given or received sex in exchange for money  
 or drugs. Please check with respondent and correct answers."  
 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

— —

[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.

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

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

<b>ID5.</b>	<b>In the past 6 months, how often did you inject speedball?</b>	
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

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

<b>ID6.</b>	<b>In the past 6 months, how often did you inject goofball?</b>	
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

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

<b>ID7.</b>	<b>In the past 6 months, how often did you inject heroin, by itself?</b>	
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]

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

If R injected methadone ([INJELM] EQ 1), go to ID13[INJMET].

**Check\_ID13** Else, go to ID14[INJBUP]

<b>ID13.</b>	<b>In the past 6 months, how often did you inject methadone?</b>
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

If R injected buprenorphine ([INJELB EQ 1), go to ID14[INJBUP].

**Check\_ID14** Else, go to ID15[INJFENT]

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

If R injected fentanyl (ES9(3) [INJDRUGC] EQ 1), go to ID15[INJFENT].

**Check\_ID15** Else, go to ID18 [INJLOC]

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

<b>ID16.</b>	<b>When you injected fentanyl in the past 6 months, was it mixed with any other drug?</b>
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 Flashcard DD. Read for the first question in the series.]

**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 DD. Read for the first question in the series.]

**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. SHARNdle** In the past 6 months, did you use needles that someone else had already injected with?  
 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. NUM\_NA** 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.  
 Used needle after-number of people  
 — — —  
 Range.....0:300.....

**ID27. GIVENDLE** In the past 6 months, did you give your needle to someone else to use after you had already injected with it?  
 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. NUM\_GIVE** 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.  
 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 [INJLSTE].

**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

<b>Check_ID39</b>	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

<b>Check_ID40</b>	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**

<b>INTRO_INJLGEN.</b>	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**

<b>Check_INTRO_NDMETH</b>	If E_DRG6=1 go to INTRO_NDMETH. Else go to INTRO_OVERDOSE.
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<b>INTRO_NDMETH.</b>	The next questions are about times when you may have used drugs but <u>did NOT inject them</u> . 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 <u>past 6 months</u> .
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<b>Check_ND</b>	If R used meth (ES16(2) [USDRGB] EQ 1), go to ND1 [NDMETH].
<b>1</b>	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

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

<b>Check_ND</b>	If R used cocaine (ES16(4) [USDRGD] EQ 1), go to ND3 [NDCOKE].
<b>3</b>	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

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

**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

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

**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

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

**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

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

**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

<b>Check_ND</b>	<b>If R used stimulants (ES16(10) [USDRGJ] EQ 1), go to ND8 [NDSTIM].</b>
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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 9 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 0 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 1 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

<b>Check_ND1</b>	If R used mixed fentanyl (ND12 [NDFENTC] EQ 1), go to ND13 [NDFENTD].
<b>3</b>	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**

<b>Check_ND14.</b>	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)**

<b>INTRO_OVERDOSE</b>	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.
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**Drug Overdose**

<b>CALC_USE_OPIOIDS</b>	Respondent used any opioids in the past 6 months (yes/no). Hidden, automatic calculation.
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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: If you did not 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.** Overdose, medical treatment  
 ODMED  
 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.** Naloxone, heard  
 NALX  
 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.

**In the past 6 months, have you bought or otherwise gotten take-home naloxone or Narcan?**

**DO5.** Have naloxone, 6 months  
 NALX6M  
 No..... 0  
 Yes..... 1  
 Don't Know..... 9

**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

**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 JT7 [POLNAR].

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

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

<b>Check_JT5.</b>	If R got Narcan (DO5 [NALX6M EQ 1] go to JT7 [POLNAR]. Else, go to END_ACASI.
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**JT7.**                    **In the past 6 months, have the police taken, confiscated, or destroyed your naloxone or Narcan without arresting or citing you?**  
 POLNAR                    Confiscated Narcan

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

**END OF ACASI**

<b>END_ACASI.</b>	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.
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<b>CALC_E_TIME3</b>	<b>End time where respondent for ACASI questions. Automatic hidden variable.</b>
E_TIME3	Respondent end time __ : __

**DRUG TREATMENT (TX)**

<b>CALC_S_TIME4</b>	<b>Start time for post-ACASI questions. Automatic hidden variable.</b>
S_TIME4	Respondent start time __ : __

**Drug Treatment, History**

<b>INTRO_INTERV</b>	<b>INTERVIEWER:</b> 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.
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<b>INTRO_DT6M</b>	<b>READ:</b> "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."
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**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 [MATTPY].  
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

Methodone

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**

<b>HT1.</b>	<b>Have you ever had an HIV test?</b>	
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**

	<b>When did you have your <u>most recent</u> HIV test? Please tell me the month and year.</b>	
<b>HT2a.</b>	<b>[INTERVIEWER: FIRST ENTER MONTH OF HIV TEST]</b>	
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

	<b>[INTERVIEWER: ENTER YEAR OF MOST RECENT HIV TEST]</b>	
<b>HT2b.</b>	<i>[FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]</i>	
RCNTST_Y	Year of most recent HIV test	
	----	
	Range (Year) .....	1900-2100

---

<b>CALC_HIVTST_Y</b>	<b>HIDDEN CALCULATION: Interim calculation - number of years between IDATE_Y and RCNTST_Y</b>
<b>HIVTST_Y</b>	[IDATE_Y] - [RCNTST_Y]

<b>CALC_HIVTST_M</b>	<b>HIDDEN CALCULATION: Interim calculation - number of months between IDATE_M and RCNTST_M</b>
<b>HIVTST_M</b>	[IDATE_M] - [RCNTST_M]

<b>CALC_HIVTST_T</b>	<b>HIDDEN CALCULATION: Interim calculation - estimated number of months between IDATE and HIV test date factoring in years and months</b>
<b>HIVTST_T</b>	

(([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\_TST6M**

**R was tested for HIV in the last 6 months.**

**TST6M**

If [HIVTST\_T]<=6, 1, 0

**Check\_HT2c.**

If R did know either month or year of last test (HT2a [RCNTST\_M] EQ 77 OR 99 & HT2b [RCNTST\_Y] EQ MISSING), or if year of last test is year before interview year & month of last test not reported (RCNTST\_Y EQ IDATE\_Y-1), go to HT2c [C\_RCNTST]. Else go to HT3.

**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

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

**HT3.**

[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: R tested positive for HIV in the past 6 months.**

**POS6M**

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

**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 (HT1 [EVERTEST] EQ 0) and said their last test was HIV-negative (HT5 [REAS12M] EQ 2), DISPLAY: "INTERVIEWER: Earlier, the respondent said they had never been tested for HIV. Please check with respondent and correct answers."  
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.**

Seen health care provider for HIV infection

**POSMD**

Seen health care provider for HIV infection

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

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

<b>HT7.</b>	<b>Was your last visit for HIV care in the past 6 months?</b>	
LASTMD	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

<b>HT8.</b>	<b>Are you currently taking antiretroviral medicines to treat your HIV infection?</b>	
CURRARV	Currently taking antiretrovirals	
	No.....	0
	Yes.....	1
	Don't Know.....	9
	Refuse to Answer.....	7

**PrEP**

--

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

<b>Check_HT12.</b>	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.
--------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

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

<b>HT11.</b>	<b>In the past 6 months, did you try to get PrEP but were unable to?</b>	
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 most recent hepatitis C test? Please tell me the month and year.**  
[INTERVIEWER: FIRST ENTER MONTH OF MOST RECENT HCV TEST]

**RCHCTST\_M** 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

**HC2b. [INTERVIEWER: ENTER YEAR OF MOST RECENT HCV TEST]**  
[FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

**RCHCTST\_Y** Year of most recent HCV test

-----

Range (Year) .....1900-2100

**HC3. The last time you were tested for hepatitis C, where did you get tested?**  
[DO NOT READ choices.]

**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

<b>Check_HC3spec.</b>	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.** [READ choices].

**HCVEVER** 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

<b>Check_HC5.</b>	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\_HC10.** If R ever injected any drug (ES7 [EVRINJ]), go to HC10 (ENDOCAR). Else, go to Intro\_STLN6.

**INTRO\_ENDOCAR.** READ: "Now I will ask you about other health conditions."

**Has a doctor, nurse, or other healthcare provider ever told you that you had an infection of the heart valve, also known as endocarditis?**

- HC10.**  
ENDOCAR Ever told had endocarditis by doctor or nurse
- No..... 0
  - Yes..... 1
  - Don't Know..... 9
  - Refuse to Answer..... 7

**Has a doctor, nurse, or other healthcare provider ever told you that you had a bone infection, also known as osteomyelitis?**

- HC11.**  
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

**PREVENTION ACTIVITIES (PA)**

**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."

**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.**

PA1. Got new sterile needles, 6 m  
 STLN6 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].

**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.**

PA2. [READ choices. CHECK ALL that apply.]  
 SNDLSRC 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].

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

**PA3.** [DO NOT READ choices. CHECK ALL that apply]

- SSPREAS 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].

**In the past 30 days, how many new sterile needles did you have for your personal use?**

**PA4.** [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

SNDL30 Number of needles, 30 days

-----  
Range.....0:1000

**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].

**In the past 30 days, how many of the [INSERT SNDL30] sterile needles did you get from the syringe exchange program?**

**PA5.** [FIELD NOTE: IF DON'T KNOW OR REFUSED, LEAVE BLANK]

SNDL30X Number of needles from SEP, 30 days

-----  
Range.....1:1000

**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}

Filter:

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