

Injection Drug Use Surveillance Project

Attachment # 11

Screenshots of IDU Survey Questions in REDCap

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Public reporting burden of this collection of information is estimated to average 30 minutes per survey. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

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

HIDDEN, AUTOMATIC: Start time where respondent starts answering questions

[GIVE RESPONDENT FLASHCARD C.]

NS1. Which of the following describes how you know the person who gave you this coupon? You can choose more than one answer.

[READ choices. CHECK ALL that apply.]

- 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

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."

NS2. Please tell me how many people you know who inject and whom you have seen in the past 30 days.

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

NS3. 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.

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

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.

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

DM2. Which zip code do you usually live in?

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

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?

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

[GIVE RESPONDENT FLASHCARD D.]

DM4. What kind of health insurance or coverage do you currently have?

[READ choices. CHECK ALL that apply.]

- 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
- Refuse to Answer

DM4spec. INTERVIEWER: Specify other health insurance or coverage:

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

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

DM7. In the past 6 months, have you felt that healthcare staff treated you poorly because you use drugs?

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

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?

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

DM9. What is the highest level of education you completed?

[DO NOT READ choices.]

- Never attended school
- Grades 1 through 8
- Grades 9 through 11
- Grade 12 or GED
- Some college, Associate's Degree, or Technical Degree
- Bachelor's Degree
- Any post graduate studies
- Don't Know
- Refuse to Answer

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.]

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

DM10spec. INTERVIEWER: Specify other main source of
income

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

DM11. Are you deaf or do you have serious difficulty hearing?

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

DM12. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

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

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

DM14. Do you have serious difficulty walking or climbing stairs?

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

DM15. Do you have difficulty dressing or bathing?

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

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?

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

HIDDEN, AUTOMATIC: End time of questions before
ACASI.

ACASI

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."

- No
 Yes

AC2. For other questions, you choose the best or correct answer. For example, what is the day after WEDNESDAY?

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

AC3. For some questions, you can choose more than one answer. Select all the options which are examples of food. You can select more than one option.

- Apples
- Cereal
- Radio
- Green beans

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

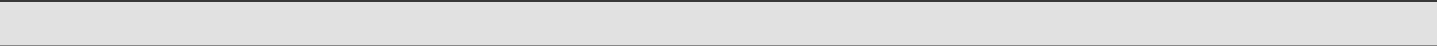
Please return the device to the interviewer.

AC5. [INTERVIEWER: Enter code to continue.]

AC6. We have finished the tutorial. Would you like to complete the next set of questions on your own or with me?

- Participant will complete
- Interviewer will complete

[INTERVIEWER ENTER RESPONSE]



HIDDEN, AUTOMATIC: Start time of ACASI questions



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?

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

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.

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

- Men
- Women
- People with other gender identities
- Don't Know
- Refuse to Answer

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

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

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

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

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

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

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

- 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

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

ID1. Think back to the very first time you injected any drugs. How old were you when you first injected any drug? Please give your best estimate. If you do not know, you may leave the response blank.

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

- Speedball
- Goofball
- Fentanyl, by itself or mixed with other drugs
- Heroin
- Methamphetamine, by itself
- Powder cocaine, by itself
- Crack cocaine, by itself
- Painkillers, such as Oxycontin, Dilaudid, or Percocet
- Benzodiazepines or other downers
- Methadone
- Buprenorphine, also known as Suboxone or Subutex
- Something else
- Don't Know
- Refuse to Answer

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

ID3. In the past 6 months, when you were injecting, about how often did you inject any drug?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

ID4. 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.

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

ID5. In the past 6 months, how often did you inject speedball?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

ID6. In the past 6 months, how often did you inject goofball?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

ID7. In the past 6 months, how often did you inject heroin, by itself?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

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

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

- 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
- Refuse to answer

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

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Refuse to Answer

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

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Refuse to Answer

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 they injected themselves.

ID20. In the past 6 months, have you injected drugs in front of someone who had never injected drugs?

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

ID21. In the past 6 months, have you assisted anyone with their first time injecting any drug?

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

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

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.

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Refuse to Answer

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?

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Refuse to Answer

ID24. In the past 6 months, how often did you reuse a needle you already injected with?

- Never
- Rarely
- About half the time
- Most of the time
- Always
- Don't Know
- Refuse to Answer

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

ID25. In the past 6 months, did you use needles that someone else had already injected with?

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

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

ID27. In the past 6 months, did you give your needle to someone else to use after you had already injected with it?

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

ID28. In the past 6 months, with 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.

ID29. In the past 6 months, did you use cookers, cottons, filters, or water that someone else had already used?

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

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.

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?

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

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.

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

ID33. The last time you injected any drug, did you inject in a public place, like an alley, public bathroom, library, or outside?

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

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?

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

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

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

ID36. 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.

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

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

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

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

ID39. The last time you injected, did you use a cooker, cotton, or water that anyone else had already used?

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

ID40. The last time you injected, did you use drugs that had been divided with a syringe that anyone else had already injected with?

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

The next questions are about the last person 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.

ID41. What is this person's gender?

- Man
- Woman
- Gender not listed
- Don't Know
- Refuse to Answer

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.

ID43. Which of the following best describes your relationship to this person? Would you say this person was a:

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

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

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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?

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

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

- More than once a day
- Once a day
- More than once a week
- Once a week or less
- Don't Know
- Refuse to Answer

ND12. When you used fentanyl, that you did not inject, in the past 6 months, was it mixed with any other drug?

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

ND13. What other drugs was fentanyl mixed with? You can select more than one option.

- 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
- Refuse to Answer

ND14. In the past 6 months, has anyone injected drugs in front of you?

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

ND15. If you want to start injecting drugs, do you know someone who would show you how?

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

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.

HIDDEN: Respondent used opioids

DO1. 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.

DO2. 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.

DO3. 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?

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

D04. Have you ever heard of naloxone, also called Narcan, a drug that can be used to reverse an overdose due to use of opioids?

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

DO5. In the past 6 months, have you bought or otherwise gotten take-home naloxone or Narcan?

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

DO6. In the past 6 months, have you used naloxone or Narcan to help someone who was overdosing?

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

D07. In the past 6 months, have you been in a situation when naloxone or Narcan was needed and it was not available?

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

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

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?

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

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?

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

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?

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

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

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

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

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

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

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

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

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

JT6. In the past 6 months, have the police taken, confiscated, or destroyed your needles or other injection equipment without arresting or citing you?

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

JT7. In the past 6 months, have the police taken, confiscated, or destroyed your naloxone or Narcan without arresting or citing you?

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

Next are questions about some situations that may have happened to you.

VI1. In the past 6 months, has anyone beaten, stabbed, or shot you with a weapon or another object?

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

VI2. In the past 6 months, has anyone slapped, punched, shoved, kicked, shaken, or otherwise physically hurt you? Do not consider times when a weapon or object was used.

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

VI3. In the past 6 months, has anyone forced or pressured you to have vaginal, oral, or anal sex when you did not want to?

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

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.

HIDDEN, AUTOMATIC: End time for ACASI questions

Post ACASI

HIDDEN, AUTOMATIC: Start time for post-ACASI
interview questions

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

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

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

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

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

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

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."

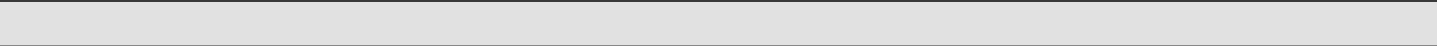
TX3. In the past 6 months, have you taken medicines that were provided by a doctor or other healthcare provider to treat opioid use?

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

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?

[READ choices. CHECK ALL that apply.]

- Methadone
- Buprenorphine, also known as Suboxone or Subutex
- Naltrexone, also known as Vivitrol
- Other medicine
- Don't Know
- Refuse to Answer



TX4spec. INTERVIEWER: Specify other medication.



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

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

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

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

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

- Methadone
- Buprenorphine, also known as Suboxone or Subutex
- Naltrexone, also known as Vivitrol
- Other medicine
- Don't Know
- Refuse to Answer

TX7spec. INTERVIEWER: Specify other medicine.

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

HT1. Have you ever had an HIV test?

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

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

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

HT2b. [INTERVIEWER: ENTER YEAR OF MOST RECENT HIV TEST]

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



Hidden calculation: Interim calculation - number of years between IDATE_Y and RCNTST_Y

Hidden calculation: Interim calculation - number of months

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

Hidden calculation: R was tested for HIV in the last 12 months

HT2c. Was your most recent HIV test in the past 12 months?

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

HT3. The last time you were tested for HIV, where did you get tested?

[DO NOT READ choices.]

- HIV/AIDS street outreach program or mobile unit
- Drug treatment program
- Syringe exchange program
- Correctional facility (jail or prison)
- Family planning or obstetrics clinic
- Public health clinic or community health center
- Private doctor's office (including HMO)
- Emergency room
- Hospital (inpatient)
- At home
- Other
- Don't Know
- Refuse to Answer

HT4. What was the result of your most recent HIV test?

[READ choices.]

- Negative, you do NOT have HIV
- Positive, you DO have HIV
- Did not get result
- Don't Know
- Refuse to Answer

HT5. 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?

[READ choices.]

- You think you are at low risk for HIV
- Your last test was HIV-negative
- You were afraid of finding out that you might have HIV
- You didn't have time
- No one offered you an HIV test
- No HIV testing was available
- You did not know where to get HIV testing
- Some other reason
- Don't Know
- Refuse to Answer

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

HT6. Have you ever been seen by a doctor, nurse, or other healthcare provider for a medical evaluation or care related to your HIV infection?

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

HT7. Was your last visit for HIV care in the past 6 months?

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

HT8. Are you currently taking antiretroviral medicines to treat your HIV infection?

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

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

HT9. Before today, have you ever heard of PrEP?

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

HT10. In the past 6 months, did you take PrEP?

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

HT11. In the past 6 months, did you try to get PrEP but were unable to?

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

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?

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

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.]

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

HC2b. [INTERVIEWER: ENTER YEAR OF MOST RECENT HCV
TEST.]

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

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

- HIV/AIDS street outreach program or mobile unit
- Drug treatment program
- Syringe exchange program
- Correctional facility (jail or prison)
- Family planning or obstetrics clinic
- Public health clinic or community health center
- Private doctor's office (including HMO)
- Emergency room
- Hospital (inpatient)
- At home
- Other
- Don't Know
- Refuse to Answer

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

[GIVE RESPONDENT FLASHCARD E.]
HC4. Has a doctor, nurse, or other healthcare
provider ever told you that you had hepatitis C?
[READ choices.]

- 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
- Don't Know
- Refuse to Answer

[GIVE RESPONDENT FLASHCARD F.]
HC5. Approximately when were you last told you had
hepatitis C?
[READ choices.]

- Less than 1 year ago
- 1 year to 5 years ago
- 6 years to 10 years ago
- More than 10 years ago
- Don't Know
- Refuse to Answer

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

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

[GIVE RESPONDENT FLASHCARD F.]
HC7. Approximately when did you last take medicine to
treat your hepatitis C infection?
[READ choices.]

- Less than 1 year ago
- 1 year to 5 years ago
- 6 years to 10 years ago
- More than 10 years ago
- Don't Know
- Refuse to Answer

[GIVE RESPONDENT FLASHCARD G.]
HC8. What was the outcome of your most recent
hepatitis C treatment?
[READ choices.]

- 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
- Don't Know
- Refuse to Answer

HC9. Have you ever tried to get medicines to treat your hepatitis C infection but were unable to?

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

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

HC10. Has a doctor, nurse, or other healthcare provider ever told you that you had an infection of the heart valve, also known as endocarditis?

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

HC11. Has a doctor, nurse, or healthcare provider ever told you that you had a bone infection, also known as osteomyelitis?

- No
- Yes
- Don't know
- Refuse to answer

HC12. In the past 6 months, have you had an abscess?

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

HC13. In the past 6 months, did a doctor or healthcare provider help take care of an abscess?

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

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

PA1. In the past 6 months, have you gotten any new sterile needles? By new sterile needle, I mean no one - not even you - had ever used it before.

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

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

[READ choices. CHECK ALL that apply.]

- 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
- Refuse to answer

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

PA3. What are the reasons you did not get needles or syringes from a syringe exchange program?
[DO NOT READ choices. CHECK ALL that apply.]

- 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
- Refuse to Answer

PA3spec. INTERVIEWER: Type in other reasons.

PA4. In the past 30 days, how many new sterile needles did you have for your personal use?

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

PA5. In the past 30 days, how many of the [sndl30] sterile needles did you get from the syringe exchange program?

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

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.

PA7. In the past 6 months, other than syringes, have you received services, counseling, information, or other products from the syringe exchange program?

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

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.]

- 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 on 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
- Refuse to Answer

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

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

- 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
- Refuse to Answer

PA9spec. INTERVIEWER: Type in other services to improve at syringe exchange program.

HIDDEN, AUTOMATIC: End time of questionnaire

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

END1. INTERVIEWER: Please confirm. Did the person complete the survey?

- Did NOT complete the survey
- DID complete the survey

END2. INTERVIEWER: Please enter the date this
interview was completed (MM/YY/DDDD)

END3. INTERVIEWER: Please enter the time the interview ended (HH:MM) using a 24-hour clock. For example: 1:30 p.m. should be entered as 13:30.

END4. INTERVIEWER: How confident are you of the validity of the respondent's answers?

- Confident
- Some doubts
- Not confident at all

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

END5. INTERVIEWER: Do you have any comments to add?

- No
- Yes

END6. Enter interviewer comments.
