**IDU SURVEILLANCE PROJECT QUESTIONNAIRE**

**QUESTIONNAIRE SECTIONS**

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OVERVIEW

Abbreviations

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

Key Terms

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

**IDU SURVEILLANCE PROJECT QUESTIONNAIRE**

NETWORK SECTION (NS)

## Recruiter Relationship

|  |  |
| --- | --- |
| **Check\_INTRO\_NSREL.** | If R has been recruited via referral card (IE10 [ISEP] EQ 1), go to INTRO\_NSREL.  Else, go to INTRO\_NSIDU. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **CALC\_S\_TIME2** | **Start time of core questionnaire. Automatic hidden variable.** | |  |
| S\_TIME2 | Respondent start time | |  |
|  | **\_\_ : \_\_** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NS1.** | | [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.**  [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." |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NS2.** | | **Please tell me how many people you know who inject and whom you have seen in the past 30 days.**  *[FIELD NOTE: IF DON’T KNOW OR REFUSED, LEAVE BLANK]* | | |
| NSIDU | | # IDUs known: net size | |  |
|  | Range | 0 - 7500 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.**  *[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 | 00500-99950 |  |

Health Care Access & Utilization

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

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

|  |  |
| --- | --- |
| **Check\_DM4.** | If R currently insured (DM3[CURRHLTH] EQ 1), go to DM4[TYPINS].  Else, go to DM5[VSITMD6]. |

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

|  |  |
| --- | --- |
| **Check\_DM4spec.** | If R reported ‘other' insurance type (DM4(3) [TYPINS(3)] EQ 1), go to DM4spec [TYPINS\_S].  Else, go to DM5 [VSITMD6]. |

|  |  |
| --- | --- |
| **DM4spec.** | **INTERVIEWER: Specify other health insurance or coverage:** |
| TYPINS\_S | Specify other health insurance |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ |
|  | {text response; max length = 100 characters} |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM5.** | **In the past 6 months, have you seen a doctor, nurse, or other healthcare provider?** | | |
| VSITMD6 | Medical care, 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_DM6.** | If R reported receiving care (DM5 [VSITMD6] EQ 1), go to DM6 [VSITERN].  Else, go to DM7 [HCPOORD]. |

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

Health Care Stigma/Discrimination

|  |  |
| --- | --- |
| **Check\_DM7.** | If R reported receiving care (DM5[VSITMD6] EQ 1), go to DM7 [HCPOORD].  Else, go to DM8 [HCAVOID]. |

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

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

Socioeconomic Status

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DM10.** | **During the last 6 months, what was the main source of income you lived on? Your main source of income could be formal or informal. Remember all information you provide will be kept private.**  [DO NOT READ choices.] | | |
| MAININC | Sources of income | |  |
|  | Full-time job/employed with a regular salary | 1 |  |
|  | Temporary work, including legal part-time and odd jobs, off-books, etc. | 2 |  |
|  | Unemployment benefits | 3 |  |
|  | Other public assistance such as welfare, disability, or, food stamps | 4 |  |
|  | Spouse, partner, friend, or relative’s income | 5 |  |
|  | Sex for money | 6 |  |
|  | Selling drugs | 7 |  |
|  | Panhandling | 8 |  |
|  | Other (specify) | 9 |  |
|  | Don't Know | 99 |  |
|  | Refuse to Answer | 77 |  |

|  |  |
| --- | --- |
| **Check\_DM10spec.** | If R reported ‘other ’ (MAININC=9), go to DM10spec [MAININC\_S].  Else, go to INTRO\_DISDEAF. |

|  |  |
| --- | --- |
| **DM10spec.** | **INTERVIEWER: Specify other main source of income** |
| MAININC\_S | Specify other main source of income |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ |
|  | {text response; max length = 100 characters} |

Disability

|  |  |
| --- | --- |
| **INTRO\_DISDEAF** | READ: "The next questions are about your overall health." |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM11.** | **Are you deaf or do you have serious difficulty hearing?** | | |
| DISDEAF | Disability – Hearing | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM12.** | **Are you blind or do you have serious difficulty seeing, even when wearing glasses?** | | |
| DISBLND | Disability – Vision | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM13.** | **Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?** | | |
| DISCOGN | Disability – Cognition | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM14.** | **Do you have serious difficulty walking or climbing stairs?** | | |
| DISWALK | Disability – Ambulation | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DM15.** | **Do you have difficulty dressing or bathing?** | | |
| DISCARE | Disability - Self-care | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |
|  |  |  |  |
|  | | | |
| **DM16.** | **Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?** | | |
| DISERND | 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.** | | |
| 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AC6.** | | **We have finished the tutorial. Would you like to complete the next set of questions on your own or with me? [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\_SXEVER.  Else, go to INTRO\_SXEVER. |

|  |  |
| --- | --- |
| **INTRO1\_SXEVER.** | READ: “The next few sections will have some sensitive questions about your sex life and drug use.” |

SEXUAL BEHAVIOR (SX)

|  |  |
| --- | --- |
| **INTRO\_SXEVER.** | The next questions are about having sex. "Having sex" means vaginal or anal sex. Vaginal sex means penis in the vagina; and anal sex means penis in the anus or butt. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SX1.** | | **Have you ever had vaginal sex or anal sex?** | | |
| SXEVER | | Ever sex y/n | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_SX2.** | If R reported ever sex (SX1[SXEVER] EQ 1), go to SX2[SXNUM].  Else, go to INTRO\_INJAGE. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SX2.** | | **In the past 6 months, with how many different people have you had vaginal or anal sex? Please give your best estimate. If you do not know, you may leave the response blank.** | | |
| SXNUM | | Number of partners in last 6 months | | |
|  | \_\_ \_\_ \_\_ \_\_ |  |  |
|  | Range | 0-7000 |  |

|  |  |
| --- | --- |
| **Check\_SX3.** | If R reported at least 1 person (SXNUM GE 1), go to SX3 [SXGENDER].  Else, go to INTRO\_INJAGE. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SX3.** | **In the past 6 months, with whom have you had vaginal or anal sex? You can select more than one.** | | |
| SXGENDER | Gender of sex partners | |  |
|  | Men |  |  |
|  | Women |  |  |
|  | People with other gender identities |  |  |
|  | Don't Know | 99 |  |
|  | Refuse to Answer | 77 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SX4.** | | **In the past 6 months, did you receive money, drugs, or any other type of payment for having vaginal or anal sex?** | | |
| SXREXCH | | Exchange sex receive, 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SX5.** | | **In the past 6 months, did you give money, drugs, or any other type of payment for having vaginal or anal sex?** | | |
| SXGEXCH | | Exchange sex give, 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SX6.** | | **In the past 6 months, did you have vaginal or anal sex without using a condom?** | | |
| SXUVAS | | UVAS – 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_SX7.** | If R reported condomless sex (SX6 [SXUVAS] EQ 1), go to SX7 [SXUVASP].  Else, go to INTRO\_INJAGE. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SX7.** | **In the past 6 months, with whom did you have sex without using a condom? You can select more than one option.** | | |
| SXUVASP | UVAS – partner type | |  |
|  | Main sex partner, such as your spouse, boy/girlfriend |  |  |
|  | Casual sex partner |  |  |
|  | Someone you got drugs or money for sex |  |  |
|  | Someone else |  |  |
|  | Don't Know |  |  |
|  | Refuse to Answer |  |  |

|  |  |
| --- | --- |
| **SoftEdit\_SX7.** | If UVAS-partner type is exchange sex (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)

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| **Check\_INTRO\_INJAGE.** | If R ever injected (ES7 [EVRINJ] EQ 1), go to ID1.  Else, go to INTRO\_NDMETH. |

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| **INTRO\_INJAGE.** | The next questions are about injection drug use. Please remember your answers will be kept private. |

Injection History, Lifetime

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| --- | --- | --- | --- | --- |
| **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.** | | |
| INJAGE | | INJ Age at first injection |  | |
|  | \_\_ \_\_ | |

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| --- | --- |
| **SoftEdit\_ID1.** | If age at first injection (ID1 [INJAGE] GT age ([CALC\_AGE], read: “INTERVIEWER: Age at first injection cannot be older than participant’s age. Please check these ages with the respondent and correct those data.” |

[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. |

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| **INTRO\_INJFX6.** | The next questions are about drugs you injected in the past 6 months. |

[Give Respondent Flashcard BB]

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| **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 |  |

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| --- | --- | --- | --- | --- | --- |
| **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.**  Number injection, average day | | | |
| INJTIM | \_\_ \_\_ | | |
|  | Range | 1-75 |  | |

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| **INTRO\_INJSB.** | The next questions are about the types of drugs you mentioned you had injected in the past 6 months. |

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| **Check\_ID5** | If R injected speedball (ES9(1) [INJDRUGA] EQ 1), go to ID5[INJSB].  Else, go to ID6[INJGB] |

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

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

|  |  |
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| **Check\_ID6** | If R injected goofball (ES9(2) [INJDRUGB] EQ 1), go to ID6[INJGB].  Else, go to ID7[INJHERO] |

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

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| **Check\_ID7** | If R injected heroin (ES9(4) [INJDRUGD] EQ 1), go to ID7[INJHERO].  Else, go to ID8[INJMETH] |

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| **ID7.** | | **In the past 6 months, how often did you inject heroin, by itself?** | | |
| INJHERO | | Heroin, by itself frequency - 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

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| **Check\_ID8** | If R injected meth (ES9(5) [INJDRUGE] EQ 1), go to ID8[INJMETH].  Else, go to ID9[INJCOKE] |

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| **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 |  |

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| **Check\_ID9** | If R injected powder cocaine (ES9(6) [INJDRUGF] EQ 1), go to ID9[INJCOKE].  Else, go to ID10[INJCRAC] |

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| **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 |  |

|  |  |
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| **Check\_ID10** | If R injected crack cocaine (ES9(7) [INJDRUGG)] EQ 1), go to ID10[INJCRAC].  Else, go to ID11[INJPAIN] |

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| **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 |  |

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| **Check\_ID11** | If R injected painkillers (ES9(8) [INJDRUGH] EQ 1), go to ID11[INJPAIN].  Else, go to ID12[INJDOWN] |

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| **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 |  |

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| **Check\_ID12** | If R injected benzos (ES9(9) [INJDRUGI] EQ 1), go to ID12[INJDOWN].  Else, go to ID13[INJFENT] |

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| **ID12.** | **In the past 6 months, how often did you inject benzodiazepines or other downers?** | | |
| INJDOWN | Benzos frequency - 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

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| **Check\_ID13** | If R injected methadone ([INJELM] EQ 1), go to ID13[INJMET].  Else, go to ID14[INJBUP] |

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| **ID13.** | | **In the past 6 months, how often did you inject methadone?** | | |
| INJMET | | Methadone frequency – 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

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| **Check\_ID14** | If R injected buprenorphine ([INJELB EQ 1), go to ID14[INJBUP].  Else, go to ID15[INJFENT] |

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| **ID14.** | | **In the past 6 months, how often did you inject buprenorphine, also known as Suboxone or Subutex?** | | |
| INJBUP | | Methadone frequency – 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

Fentanyl Injection, 6m

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| **Check\_ID15** | If R injected fentanyl (ES9(3) [INJDRUGC] EQ 1), go to ID15[INJFENT].  Else, go to ID18 [INJLOC] |

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| **ID15.** | | **In the past 6 months, how often did you inject fentanyl by itself or mixed with other drugs?** | | |
| INJFENT | | Fentanyl, injection, 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID16.** | | **When you injected fentanyl in the past 6 months, was it mixed with any other drug?** | | |
| INJFENTC | | Fentanyl, injection, combined | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ID15.** | If R reported injecting fentanyl mixed (ID16 [INJFENTC EQ 1), go to ID17[INJFENTD].  Else, go to ID18 [INJLOC]. |

[Give Respondent Flashcard CC]

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| **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.]

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| **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. |

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| **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

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| **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.]

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| **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

|  |  |
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| **Check\_ SHARNDLE.** | If R always injected alone ([INJALO] NE 4, go to INTRO\_SHARNDLE.  Else, go to INTRO\_INJLLOC. |

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| **INTRO\_SHARNDLE.** | The next questions are about your injecting behaviors in the past 6 months. |

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| **Check\_ INTRO\_SHARNDLE.** | If R always used a sterile needle in the past 6 months (ID22 [STERILE] EQ 4, go to ID27 [GIVENDLE].  Else, go to INTRO\_SHARNDLE. |

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

|  |  |
| --- | --- |
| **Check\_ID26** | If R used needle (ID25 [SHARNDLE] EQ 1), go to ID26 [NUM\_NA].  Else, go to ID27 [GIVENDLE]. |

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| **ID26.** | | **In the past 6 months, with how many different people did you use a needle after they injected with it? Please give your best estimate. If you do not know, you may leave the response blank.** | | |
| NUM\_NA | | Used needle after-number of people | |  |
|  | \_\_ \_\_ \_\_ |  |  |
|  | Range | 0-300 |  |

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

|  |  |
| --- | --- |
| **Check\_ID28** | If R used needle (ID27 [GIVENDLE] EQ 1), go to ID28 [NUM\_GIVE].  Else, go to ID29 [SHARWORK]. |

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| **ID28.** | | **In the past 6 months, how many different people did you give your needle to use after you had already injected with it? Please give your best estimate. If you do not know, you may leave the response blank.** | | | |
| NUM\_GIVE | | Gave needle after injected with it - number of people | |  | |
|  | \_\_ \_\_ \_\_ |  |  | |
|  | Range | 0-300 | |  |

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

|  |  |
| --- | --- |
| **Check\_ID30** | If R used inj equip (ID29 [SHARWORK] EQ 1), go to ID30 [NUM\_CCW].  Else, go to ID31 [SAMESYR]. |

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| **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. |

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| --- | --- | --- | --- | --- |
| **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

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| --- | --- |
| **INTRO\_INJLLOC.** | Now, think about the last time you injected in the past 6 months. |

|  |  |
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| **Check\_ID33** | If R ever injected in a public place p6m (ID18 [INJLOC])=1,2,3,or 4, go to ID33 [INJLLOC].  Else, go to ID34 [INJLDIS]. |

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| **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]. |

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| **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 |  |

|  |  |
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| **Check\_ID35.** | If R always injected alone (ID19 [INJAO] NE 4), go to ID36 [INJLPN].  Else, go to IDU37 [INJLUN]. |

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| **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.**  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. |

|  |  |  |  |
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| **ID37.** | **The last time you injected, did you use a needle after anyone else had already injected with it?** | | |
| INJLUN | Used needle after someone - last time | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ID38** | If R last gave needle to someone (ID27 [GIVENDLE EQ 1), go to ID38 [INJLGIV].  Else, go to ID39 [INJLUCW]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ID38.** | **The last time you injected, did you give your needle to someone else to use after you had already injected with it?** | | |
| INJLGIV | Gave used needle to someone else - last time | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ID39** | If R last shared equipment (ID29 [SHARWORK] EQ 1), go to ID39 [INJLUCW].  Else, go to ID40 [INJLUS]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ID39.** | **The last time you injected, did you use a cooker, cotton, or water that anyone else had already used?** | | |
| INJLUCW | Used same cooker, cotton, water - last time | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ID40** | If R last divided syringe (ID31 [SAMESYR] EQ 1), go to ID40 [INJLUS].  Else, go to INTRO\_INJLGEN. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ID40.** | **The last time you injected, did you use drugs that had been divided with a syringe that anyone else had already injected with?** | | |
| INJLUS | Used drugs divided with same syringe - last time | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

Last Injecting Partner

|  |  |
| --- | --- |
| **INTRO\_INJLGEN.** | The next questions are about the last 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?** | | |
| INJLGEN | Gender of last injecting partner | |  |
|  | Man | 1 |  |
|  | Woman | 2 |  |
|  | Gender not listed | 6 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ID42.** | **How old is this person? Please estimate to the best of your ability. If you do not know, you may leave the response blank.** | | |
| INJLAGE | Last injecting partner age | |  |
|  | \_\_ \_\_ |  |  |
|  | Range | 1-99 |  |

[Give Respondent Flashcard EE]

|  |  |  |  |
| --- | --- | --- | --- |
| **ID43.** | **Which of the following best describes your relationship to this person? Would you say this person was a:** | | |
| INJLREL | Type of relationship - Last injecting partner | |  |
|  | Sex partner, such as your spouse, boyfriend/girlfriend, or other person you have sex with | 1 |  |
|  | Relative | 2 |  |
|  | Friend or acquaintance | 3 |  |
|  | Needle or drug dealer | 4 |  |
|  | Stranger or someone you did not know well | 5 |  |
|  | Someone else | 6 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

NON-INJECTION DRUG USE (ND)

Non-injection Drug Use Frequency, 6m

|  |  |
| --- | --- |
| **Check\_INTRO\_NDMETH** | If E\_DRG6=1 go to INTRO\_NDMETH. Else go to INTRO\_OVERDOSE. |

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

|  |  |
| --- | --- |
| **Check\_ND1** | If R used meth (ES16(2) [USDRGB] EQ 1), go to ND1 [NDMETH].  Else, go to ND2 [NDCRACK]. |

[Give Respondent Flashcard BB]

|  |  |  |  |
| --- | --- | --- | --- |
| **ND1.** | **In the past 6 months, how often did you use methamphetamine that you did not inject?** | | |
| NDMETH | How often used methamphetamine past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND2** | If R used crack (ES16(3) [USDRGC] EQ 1), go to ND2 [NDCRACK].  Else, go to ND2 [NDCRACK]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND2.** | **In the past 6 months, how often did you use crack cocaine that you did not inject?** | | |
| NDCRACK | How often used crack cocaine past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND3** | If R used cocaine (ES16(4) [USDRGD] EQ 1), go to ND3 [NDCOKE].  Else, go to ND4 [NDDOWN]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND3.** | **In the past 6 months, how often did you use powder cocaine that you did not inject?** | | |
| NDCOKE | How often used powder cocaine that is smoked or snorted past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND4** | If R used downers (ES16(5) [USDRGE] EQ 1), go to ND4 [NDDOWN].  Else, go to ND5 [NDPAIN]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND4.** | **In the past 6 months, how often did you use benzodiazepines or other downers that you did not inject?** | | |
| NDDOWN | How often used downers (benzos) such as Valium past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND5** | If R used painkillers (ES16(6) [USDRGF] EQ 1), go to ND5 [NDPAIN].  Else, go to ND6 [NDX]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND5.** | **In the past 6 months, how often did you use painkillers, such as Oxycontin, Dilaudid, or Percocet, that you did not inject?** | | |
| NDPAIN | How often used pain killers such as Oxycontin, past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND6** | If R used X (ES16(7) [USDRGG] EQ 1), go to ND6 [NDX].  Else, go to ND7 [NDHER]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND6.** | **In the past 6 months, how often did you use X or ecstasy (MDMA) that you did not inject?** | | |
| NDX | How often used X or ecstasy past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND7** | If R used heroin (ES16(8) [USDRGH] EQ 1), go to ND7 [NDHER].  Else, go to ND8 [NDSTIM]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND7.** | **In the past 6 months, how often did you use heroin that you did not inject?** | | |
| NDHER | How often used heroin that is smoked or snorted past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_ND8** | If R used stimulants (ES16(10) [USDRGJ] EQ 1), go to ND8 [NDSTIM].  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\_ND9** | If R used methadone ([USELM] EQ 1), go to ND9 [NDMET].  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\_ND10** | If R used buprenorphine ([USELB] EQ 1), go to ND10 [NDMET].  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\_ND11** | If R used fentanyl (ES16(9) [USDRGI] EQ 1), go to ND11 [NDFENT].  Else, go to ND14 [INJFRNT]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **ND11.** | **In the past 6 months, how often did you use fentanyl that you did not inject, by itself or mixed with other drugs?** | | |
| NDFENT | How often used fentanyl past 6 months | |  |
|  | More than once a day | 1 |  |
|  | Once a day | 2 |  |
|  | More than once a week | 3 |  |
|  | Once a week or less | 4 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

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

|  |  |
| --- | --- |
| **Check\_ND13** | If R used mixed fentanyl (ND12 [NDFENTC] EQ 1), go to ND13 [NDFENTD].  Else, go to ND14 [INJFRNT]. |

[Give Respondent Flashcard FF]

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

Injection Drug Use Prevention

|  |  |
| --- | --- |
| **Check\_ND14.** | If R has ever injected (EVRINJ EQ 1), go to INTRO\_OVERDOSE.  Else, go to ND14. |

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

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

DRUG OVERDOSE (DO)

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

Drug Overdose

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

|  |  |
| --- | --- |
| **Check\_INTRO\_OVERDN** | If R used opioids (ES9 [INJDRUGA] EQ 1 OR ES9 [INJDRUGB] EQ 1 OR ES9 [INJDRUGC] EQ 1 OR ES9 [INJDRUGD] EQ 1 OR ES9 [INDRGH] EQ 1 OR ES16 [USDRGF] EQ 1 OR ES16 [USDRGH] EQ 1 OR ES16 [USDRGI] EQ 1), go to OVERDN.  Else, go to ODELSEN. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.**  Field note: If you did not overdose, enter 0 | | | | |
| OVERDN | | Number, overdosed | | | |  |
|  | | \_\_ \_\_ | | |  | | |
|  | | Range | | 0-76 |  | | |
|  |  | |
|  | | | | | | |
| **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.**  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]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** | | |
| ODMED | Overdose, medical treatment | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

Narcan Access and Use

|  |  |  |  |
| --- | --- | --- | --- |
| **DO4.** | **Have you ever heard of naloxone, also called Narcan, a drug that can be used to reverse an overdose due to use of opioids?** | | |
| NALX | Naloxone, heard | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_DO5.** | If R ever heard of Narcan (DO4 [NALX] EQ 1), go to DO5 [NALX6M].  Else, go to INTRO\_OUMETH. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DO5.** | **In the past 6 months, have you bought or otherwise gotten take-home naloxone or Narcan?** | | |
| NALX6M | Have naloxone, 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_DO6.** | If R got Narcan and saw someone overdose (DO5 [NALX6M] EQ 1 AND ODELSEN GE1), go to DO6 [ODNHELP].  Else, go to DO7 [NALXAV]. |

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

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

Consequences of Stimulant Overuse

|  |  |
| --- | --- |
| **Check\_INTRO\_OUMETH** | If R used a stimulant (ES9 [INJDRUGE] EQ 1 OR ES [INJDRUGF] EQ 1 OR ES9 [INJDRUGG] EQ 1 OR ES16 [USDRGB] EQ 1 OR ES16 [USDRGC] EQ 1 OR ES16 [USDRGD] EQ 1), go to INTRO\_OUMETH.  Else, go to INTRO\_HELD6M. |

|  |  |
| --- | --- |
| **INTRO\_OUMETH.** | Now I will ask you questions about consequences due to stimulant injection or use. |

|  |  |
| --- | --- |
| **Check\_DO8.** | If R used or injected meth (ES9[INJDRUGE] EQ 1 OR ES16 [USDRGB] EQ 1), go to DO8 (OUMETH).  Else, go to DO9 [OUCOKE]. |

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

|  |  |
| --- | --- |
| **Check\_INTRO\_OUMETH** | If R used or injected cocaine or crack (ES9 [INJDRUGF] EQ 1 OR ES9 [INDRUGG] EQ 1 OR ES16 [USDRGC] EQ 1 OR ES16 [USDRGD] EQ 1), go to DO9 (OUCOKE). Else, go to INTRO\_HELD6M. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DO9.** | **In the past 6 months, did you need immediate care or call 911 because you took too much cocaine or crack or were having a bad reaction to cocaine or crack?** | | |
| OUCOKE | Needed care, cocaine/crack, 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

JUSTICE SYSTEM AND LAW ENFORCEMENT EXPERIENCES (JT)

Incarceration Experience

|  |  |
| --- | --- |
| **INTRO\_HELD6M.** | The next questions are about experiences you may have had with the criminal justice system or law enforcement. |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT1.** | **During the past 6 months, have you been held in a detention center, jail, or prison for more than 24 hours?** | | |
| HELD6M | Held or arrested past 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_JT2.** | If R was arrested (JT1 [HELD6M] EQ 1), go to JT2 [TXGET].  Else, go to JT4 [ARRDRG]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT2.** | **The last time you were in detention, jail, or prison, did you get treatment for drug use?** | | |
| TXGET | Received treatment, jail | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT3.** | **The last time you were released from detention, jail or prison, were you told where to get treatment for drug use?** | | |
| TXTOLD | Referral treatment, jail | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT4.** | **In the past 6 months, have you been arrested on drug possession charges?** | | |
| ARRDRG | Arrested past 6 months, drugs | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

Law Enforcement Experience

|  |  |
| --- | --- |
| **Check\_JT5.** | If R injected in the last 6 months (E\_INJ6 EQ 1) go to JT5 [ARRSYR].  Else, go to JT7 [POLNAR]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT5.**  ARRSYR | **In the past 6 months, have you been arrested or cited for possession of needles or other injection equipment?** | | |
|  | Arrested injection equipment | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT6.**  POLSYR | **In the past 6 months, have the police taken, confiscated, or destroyed your needles or other injection equipment without arresting or citing you?** | | |
|  | Confiscated injection equipment | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_JT5.** | If R got Narcan (DO5 [NALX6M EQ 1) go to JT7 [POLNAR].  Else, go to END\_ACASI. |

|  |  |  |  |
| --- | --- | --- | --- |
| **JT7.**  POLNAR | **In the past 6 months, have the police taken, confiscated, or destroyed your naloxone or Narcan without arresting or citing you?** | | |
|  | Confiscated Narcan | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

END OF ACASI

|  |  |
| --- | --- |
| **END\_ACASI.** | Thank you for answering these questions. You have completed the questions that you answer yourself. Please let the interviewer know when you are ready to continue with the interview. |

|  |  |  |  |
| --- | --- | --- | --- |
| **CALC\_E\_TIME3** | **End time where respondent for ACASI questions. Automatic hidden variable.** | |  |
| E\_TIME3 | Respondent end time | |  |
|  | **\_\_ : \_\_** |  |  |

DRUG TREATMENT (TX)

|  |  |  |  |
| --- | --- | --- | --- |
| **CALC\_S\_TIME4** | **Start time for post-ACASI questions. Automatic hidden variable.** | |  |
| S\_TIME4 | Respondent start time | |  |
|  | **\_\_ : \_\_** |  |  |

Drug Treatment, History

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

|  |  |
| --- | --- |
| **INTRO\_DT6M.** | READ: “Next, I'm going to ask you about your experiences in receiving treatment for drug use. By treatment, I mean you participated in a program or took medicine to treat your drug use. This includes outpatient, inpatient, residential, detox, or 12-step program. This does not include treatment for alcohol use.” |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TX1.** | | **In the past 6 months, have you felt that you needed treatment for your drug use?** | | |
| DTFELT | | Drug treatment – 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TX2.** | | **In the past 6 months, have you received treatment for your drug use?** | | |
| DT6M | | Drug treatment – 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

Medication-assisted Treatment, 6m

|  |  |
| --- | --- |
| **Check\_INTRO\_MAT** | If R used opioids ([CALC\_USE\_OPIOIDS]]=1 AND received treatment for drug use (TX2 [DT6M] EQ 1, go to INTRO\_MAT. Else, go to TX6 [MATTRY]. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **TX3.** | **In the past 6 months, have you taken medicines that were provided by a doctor or other healthcare provider to treat opioid use?** | | |
| MAT | Drug tx - meds in past 6 months | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_TX4.** | If R was on MAT (TX3 [MAT] EQ 1), go to TX4 [MATTYP].  Else, go to TX6 [MATTRY]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **TX4.** | **In the past 6 months, which medicines that were provided by a doctor or other healthcare provider did you take to treat opioid use?**  [READ choices. CHECK ALL that apply.] | | |
| MATTYP | 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?** | | |
| MATTRYD | [READ choices. CHECK ALL that apply.]  Drug tx – types tried | |  |
|  | Methadone |  |  |
|  | Buprenorphine, also known as Suboxone or Subutex |  |  |
|  | Naltrexone, also known as Vivitrol |  |  |
|  | Other medicine |  |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |
|  |  | | |

|  |  |
| --- | --- |
| **Check\_TX7spec.** | If R was prescribed ‘other medicine’ (TX7 [MATTRYD(4)] EQ 1), go to TX7spec [MATTRYD\_S].  Else, go to INTRO\_EVERTEST. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TX7spec.** | **INTERVIEWER: Specify other medicine.** | |  | |
| MATTRYD\_S | Specify other medicine | |  | |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ | | |
|  | {text response; max characters = 100} |  |  | |
|  |  | | | |

HIV TESTING EXPERIENCES (HT)

|  |  |
| --- | --- |
| **INTRO\_EVERTEST.** | READ: “Now I'm going to ask you a few questions about getting tested for HIV." |

HIV Testing, Ever

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

|  |  |
| --- | --- |
| **Check\_HT2.** | If R ever tested for HIV (HT1 [EVERTEST EQ 1]), go to HT2a [RCNTST\_M]. If R has never tested for HIV (HT [EVERTEST] EQ 0), go to HT5 [REAS12M].  Else go to INTRO\_PRPAWR. |

## Recent HIV Testing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HT2a.** | | **When did you have your most recent HIV test? Please tell me the month and year.**  **[INTERVIEWER: FIRST ENTER MONTH OF HIV TEST]** | | |
| RCNTST\_M | | Month of most recent HIV test | |  |
|  | January | 1 |  |
|  | February | 2 |  |
|  | March | 3 |  |
|  | April | 4 |  |
|  | May | 5 |  |
|  | June | 6 |  |
|  | July | 7 |  |
|  | August | 8 |  |
|  | September | 9 |  |
|  | October | 10 |  |
|  | November | 11 |  |
|  | December | 12 |  |
|  | Don't Know | 99 |  |
|  | Refuse to Answer | 77 |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **HT2b.** | **[INTERVIEWER: ENTER YEAR OF MOST RECENT HIV TEST]**  *[FIELD NOTE: IF DON’T KNOW OR REFUSED, LEAVE BLANK]* | | | | |
| RCNTST\_Y | Year of most recent HIV test | | | |  |
|  | \_ \_ \_ \_ | |  | |  |
|  | Range (Year) | | 1900-2100 | |  |
|  |  | |  | |  |
| **CALC\_HIVTST\_Y** | **HIDDEN CALCULATION: Interim calculation – number of years between IDATE\_Y and RCNTST\_Y** | | | | |
| **HIVTST\_Y** |  | | | | |
|  | [IDATE\_Y] – [RCNTST\_Y] |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CALC\_HIVTST\_M** | **HIDDEN CALCULATION: Interim calculation – number of months between IDATE\_M and RCNTST\_M** | | |
| **HIVTST\_M** |  | | |
|  | [IDATE\_M] – [RCNTST\_M] |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CALC\_HIVTST\_T** | **HIDDEN CALCULATION: Interim calculation – estimated number of months between IDATE and HIV test date factoring in years and months** | | |
| **HIVTST\_T** |
|  | ([HIVTST\_Y]\*12)+[HIVTST\_M] |  |  |

|  |  |
| --- | --- |
| **CALC\_TST12M** | **R was tested for HIV in the last 12 months.**  If [HIVTST\_T]<=12, 1, 0 |
| **TST12M** |

|  |  |
| --- | --- |
| **CALC\_TST6M** | **R was tested for HIV in the last 6 months.**  If [HIVTST\_T]<=6, 1, 0 |
| **TST6M** |

|  |  |
| --- | --- |
| **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. |

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| **HT2c.** | **Was your most recent test in the past 12 months?** | | |
| C\_RCNTST | HIV test in 12 months – y/n | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HT3.** | **The last time you were tested for HIV, where did you get tested?**  [DO NOT READ choices.] | | |
| LOCHIV | Location of recent HIV test | |  |
|  | HIV/AIDS street outreach program or mobile unit | 1 |  |
|  | Drug treatment program | 2 |  |
|  | Syringe exchange program | 3 |  |
|  | Correctional facility (jail or prison) | 4 |  |
|  | Family planning or obstetrics clinic | 5 |  |
|  | Public health clinic or community health center | 6 |  |
|  | Private doctor's office (including HMO) | 7 |  |
|  | Emergency room | 8 |  |
|  | Hospital (inpatient) | 9 |  |
|  | At home | 10 |  |
|  | Other | 11 |  |
|  | Don't Know | 99 |  |
|  | Refuse to Answer | 77 |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HT4.** | **What was the result of your most recent HIV test?**  [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.**  If [RCNTST]=2 and [TEST6M]=1, 1, 0 |
| **POS6M** |

## Barriers to HIV Testing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.] | | |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** | | |
| POSMD | Seen health care provider for HIV infection | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don't Know | 9 |  |
|  | Refuse to Answer | 7 |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Check\_HT7.** | If R has ever seen a provider to treat HIV (HT6 [POSMD] EQ 1), go to HT7 [LASTMD].  Else, go to HT8. |

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

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

PrEP

|  |  |
| --- | --- |
|  |  |

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

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

|  |  |
| --- | --- |
| **Check\_HT12.** | If R has not heard of PrEP before today (HT9 [PRPAWR] EQ 1) or not tested HIV-positive [RCNTRST] <>2), go to HT10 [PRPUS6].  Else, go to INTRO\_EVRHCTST. |

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

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

HEALTH CONDITIONS (HC)

Hepatitis C (HCV)

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

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

|  |  |
| --- | --- |
| **Check\_HC2a.** | If R ever tested for hepatitis C (HC1 [EVRHCTST] EQ 1), go to HC2a [RCHCTST\_M].  Else, go to INTRO\_ENDOCAR. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HC2a.** | | **When did you have your 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 |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Check\_HC3spec.** | If R reported ‘Some other place' (HC3 [HCVTLOC] EQ 11), go to HC3spec [HCVTLOC\_S].  Else, go to HC4 [HCVEVER]. |

|  |  |  |  |
| --- | --- | --- | --- |
| **HC3spec.** | **INTERVIEWER: Type in other location where respondent got the last hepatitis C test.** | | |
| HCVTLOC\_S | Other location where R got hepatitis C test | | |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ | | |
|  | {text response; max length = 100 characters} | | |
| [Give Respondent Flashcard E.] | | | |
| **HC4.** | **Has a doctor, nurse, or other healthcare provider ever told you that you had hepatitis C?**  [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 |  |

|  |  |
| --- | --- |
| **Check\_HC5.** | If R told they had hepatitis C (HC4 [HCVEVER] EQ 2,3,4), go to HC5 [WHENHCV]. Else, go to INTRO\_ENDOCAR. |

|  |  |  |  |
| --- | --- | --- | --- |
| [Give Respondent Flashcard F.] | | | |
| **HC5.** | **Approximately when were you last told you had hepatitis C?**  [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.]

|  |  |  |  |
| --- | --- | --- | --- |
| **HC7.** | **Approximately when did you last take medicine to treat your hepatitis C infection?**  [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.]

|  |  |  |  |
| --- | --- | --- | --- |
| **HC8.** | **What was the outcome of your most recent hepatitis C treatment?**  [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." |

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

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

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

|  |  |
| --- | --- |
| **Check\_HC13.** | If R had an abscess (HC12 [ABSCESS] 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." |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PA1.** | | **In the past 6 months, have you gotten any new sterile needles? By new sterile needle, I mean no one - not even you - had ever used it before. The needle could have been for you or someone else.** | | |
| STLN6 | | Got new sterile needles, 6 m | |  |
|  | No | 0 |  |
|  | Yes | 1 |  |
|  | Don’t Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_PA2.** | If R got new sterile needles (PA1 [STLN6] EQ 1), go to PA2 [SNDLSRC]. Else, go to PA7 [SSPSER]. |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PA4.** | | **In the past 30 days, how many new sterile needles did you have for your personal use?**  *[FIELD NOTE: IF DON’T KNOW OR REFUSED, LEAVE BLANK]* | | |
| SNDL30 | | Number of needles, 30 days | |  |
|  | \_\_ \_\_ \_\_ |  |  |
|  | Range | 0-300 |  |

|  |  |
| --- | --- |
| **Check\_PA5.** | If R got new sterile needles from SSP (PA2(1) [SNDLSRC(1)] EQ 1 AND SNDL30 GE 1), go to PA5 [SNDL30X]. Else, go to PA7 [SSPSER]. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PA5.** | | **In the past 30 days, how many of the [INSERT SNDL30] sterile needles did you get from the syringe exchange program?**  *[FIELD NOTE: IF DON’T KNOW OR REFUSED, LEAVE BLANK]* | | |
| SNDL30X | | Number of needles from SEP, 30 days | |  |
|  | \_\_ \_\_ \_\_ |  |  |
|  | Range | 1-300 |  |

|  |  |
| --- | --- |
| **SoftEdit\_PA5.** | If number of total needles obtained from an SEP in the past 30 days (PA5 [SNDL30X] GT number of total needles in past 30 days (PA4 [SNDL30], read: “INTERVIEWER: Number of needles obtained at a syringe exchange program cannot be greater than the total number of needles. Please check these numbers with the respondent and correct those data.” |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PA6.** | | **In the past 6 months, not including yourself, for how many different people did you get needles at the syringe exchange program?** | | |
| EXCHN | | Number of people, secondary exchange  *[FIELD NOTE: IF DON’T KNOW OR REFUSED, LEAVE BLANK]* | |  |
|  | \_\_ \_\_ \_\_ |  |  |
|  | Range | 0-776 |  |

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

|  |  |
| --- | --- |
| **Check\_PA8.** | If R got services or products from SSP (PA7 [SSPSER] EQ 1), go to PA8 [SSPREC]. Else, go to E\_TIME4. |

|  |  |  |  |
| --- | --- | --- | --- |
| **PA8.** | **In the past 6 months, other than syringes, what services, counseling, information, or other products have you received from the syringe exchange program?** | | |
|  | [DO NOT READ choices. CHECK ALL that apply] | |  |
| SSPREC | SSP received, types 6m | |  |
|  | Naloxone/Narcan and/or overdose prevention education |  |  |
|  | Injecting equipment such as cookers, cotton, water, etc. |  |  |
|  | Sharps container |  |  |
|  | Food, showers, or medication locker |  |  |
|  | Information on or referrals to mental health services |  |  |
|  | Information or counseling about sexual risk behaviors |  |  |
|  | Information or counseling about injection risk behaviors |  |  |
|  | Recovery coaches |  |  |
|  | Peer support |  |  |
|  | Referrals to treatment for drug use |  |  |
|  | Medication-assisted treatment for drug use (e.g., buprenorphine) |  |  |
|  | Treatment for HIV or HCV |  |  |
|  | Testing for and/or information on HIV or HCV |  |  |
|  | Wound care |  |  |
|  | Reproductive healthcare, pregnancy test, or condoms |  |  |
|  | Vaccinations |  |  |
|  | Something else |  |  |
|  | Don’t Know | 9 |  |
|  | Refuse to Answer | 7 |  |

|  |  |
| --- | --- |
| **Check\_PA8spec.** | If R reports ‘Something else' (PA8(17) [SSPREC(17)] EQ 1), go to PA8spec [SSPREC\_S].  Else, go to PA9 [SSPIMP]. |

|  |  |
| --- | --- |
| **PA8spec.** | **INTERVIEWER: Specify other services, counseling, information, or products received at syringe exchange program.** |
| SSPREC\_S | Other received from SSP |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ |
|  | {text response; max length = 100 characters} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.] | | |
| 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** | If Interviewer has comments (END5, [INTCOMM] EQ 1), go to END6 [INTTXT]. Else, end survey. |
| **END6.** | **INTERVIEWER: Enter interviewer comments** |
| INTTXT | Interviewer comments text |
|  | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_  \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_  \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ \_\_ \_\_ \_\_\_\_ \_\_ |
|  | {text response; max length = 1000 characters} |

FLASHCARDS

|  |
| --- |
| **FLASHCARD A**   * American Indian or Alaska Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White |

|  |
| --- |
| **FLASHCARD B**   * Man * Woman * Genderqueer/non-binary * Trans man * Trans woman * Other gender not listed |

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

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

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

|  |
| --- |
| **FLASHCARD F**   * Less than 1 year ago * 1 year to 5 years ago * 6 to 10 years ago * More than 10 years ago |

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

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

|  |
| --- |
| **FLASHCARD BB**   * More than once a day * Once a day * More than once a week * Once a week or less |

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

|  |
| --- |
| **FLASHCARD DD**   * Never * Rarely * About half the time * Most of the time * Always |

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

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