

Form

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Current Question/Item

PI1. Are you completing this survey by yourself or by speaking with an interviewer?

PC1. Was your program operated by a...(Select all that apply)

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PC3. What was your total program budget? If your program is part of a larger, multi-service organization, please only provide the budget for your part of the program. Please provide the best estimate to your knowledge.

PC4. Did your program employ any full-time paid staff (that is, those working 30 hours per week or more)?

PC5. Did your program have any paid employees who formerly or currently injected drugs? Include paid outreach workers and those paid with stipends or salaries.

PC10. How did your program deliver services? If your program had more than one location or service delivery type, select all that apply.

PC14. What computer software program did you use to manage your program's data? Select all that apply.

PC16. How many unique clients did your program serve? Please provide the best estimate to your knowledge. If you do not know or prefer not to answer, you may leave the response blank.

INTRO_CC. The next questions are about the characteristics of the clients served by your program. As a reminder, as you answer these questions, please think about your program's operations between January 1, [YEAR], and December 31, [YEAR].

CC2. Which demographic groups in your community did your program have difficulty reaching in [YEAR]? Select all that apply.

CC4. For each of the following substances, please indicate the approximate percentage of your clients who were injecting each substance on a weekly or more frequent basis. Please use your records if available but provide your best estimate if no records are kept or are not readily available.

PN4. In what ways did your program distribute naloxone kits? Select all that apply.

PS4. For each of the following vaccinations, please indicate the extent to which the service was provided onsite, either by the program itself or by partners, at the location(s) where your program operated.

PS5. For each of the following medications, please indicate the extent to which the medication was prescribed and/or dispensed onsite, either by the program itself or by partners, at the location(s) where your program operated.

PS5. For each of the following medications, please indicate the extent to which the medication was prescribed and/or dispensed onsite, either by the program itself or by partners, at the location(s) where your program operated.

PS7. For each of the following other medical services, please indicate the extent to which the service was provided onsite, either by the program itself or by partners, at the location(s) where your program operated.

PS7. For each of the following other medical services, please indicate the extent to which the service was provided onsite, either by the program itself or by partners, at the location(s) where your program operated.

PS12. What types of referrals for vaccinations did your program provide? Select all that apply.

PS13. What types of referrals to treatment did your program provide? Select all that apply.

PS13. What types of referrals to treatment did your program provide? Select all that apply.

PS13. What types of referrals to treatment did your program provide? Select all that apply.

PS14. What types of referrals to other medical services did your program provide? Select all that apply.

PS14. What types of referrals to other medical services did your program provide? Select all that apply.

MD2. How many unique clients did your program serve between January 1, 2020, and December 31, 2020? Please provide the best estimate to your knowledge. If you do not know or prefer not to answer, you may leave the response blank.

MD6. What was your total program budget between January 1, 2020, and December 31, 2020? If your program is part of a larger, multi-service organization, please only provide the budget for your part of the program. Please provide the best estimate to your knowledge.

MD9. Which of the following other medical services were provided onsite, either by the program itself or by partners, at the location(s) where your program operated between January 1, 2020, and December 31, 2020? Select all that apply.

MD9. Which of the following other medical services were provided onsite, either by the program itself or by partners, at the location(s) where your program operated between January 1, 2020, and December 31, 2020? Select all that apply.

MD11. Between January 1, 2020, and December 31, 2020, what types of referrals to other medical services did your program provide? Select all that apply.

MD11. Between January 1, 2020, and December 31, 2020, what types of referrals to other medical services did your program provide? Select all that apply.

MD12. How was your program impacted by the COVID-19 pandemic in 2020? Select all that apply.

MD12. How was your program impacted by the COVID-19 pandemic in 2020? Select all that apply.

PE2. If you were taking the survey again, what format would you prefer? Select only one.

DATA_PE. You have now completed the survey. Thank you so much for your participation. Once you submit your survey, you will not be able to go back to previous questions or change any of your answers, so please make sure you are ready before proceeding.

PE6. Would you be willing to share your data with others aside from the survey team? Please remember that identifying information will never be reported.

Requested Change

Change 'Completing survey myself' to 'Completing survey in REDCap'

Expand 'Community-based organization' to 3 categories: 'Community-based organization without 501(c)(3) status', 'Community-based organization with our own 501(c)(3) status', 'Community-based organization with a sponsor's 501(c)(3) status'.

Revise 'Health care organization' and 'Academic institution or hospital' to 'Academic health care organization' and 'Non-academic health care organization'

Change categories of dollar amounts so that an even number is present at the lower end of the dollar amount interval.

Remove '(that is, working 30 hours per week or more)' from the question stem

Change 'injected' to 'inject' in the question stem

Among the options, change 'Syringe vending machine' to 'Vending machine'

Add 'Google Sheets' to the list of options

Change first sentence to 'How many unique clients did your program directly serve (not counting secondary exchange)?'

Change the first sentence to 'The next questions are about the characteristics of the clients served directly by your program (not counting secondary exchange).'

Rearrange the order of responses so that the first 4 categories are 'Cisgender women', 'Cisgender men', 'Transgender women', and 'Transgender men'.

Revise the response variables to be 'Heroin', 'Fentanyl', 'Painkillers, such as Oxycontin, Dilaudid, or Percocet', 'Methamphetamine, also known as meth or speed', 'Powder cocaine', 'Crack cocaine', 'Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin', 'Combined opioids (e.g., heroin and fentanyl together)', and 'Combined opioids and stimulants (e.g., heroin and cocaine together)',

Change 'Secondary distribution (client distributes kit to peers)' to 'Secondary distribution (client distributed kit to peers)'

Add 'Human papillomavirus (HPV) vaccination' to onsite vaccination options

ONMEDF. Change 'Medications for opioid use disorder (MOUD)' to 'Medications for opioid use disorder (MOUD) (such as buprenorphine, naltrexone, methadone)'

Delete 'Medications for mental health disorders' from list of variables

Add variable 'Mental health services, including prescription medications'

Change the variables 'Reproductive health care excluding STI testing (e.g., pap smears)' and 'Family planning, contraception, or prenatal care' into 3 categories: 'Reproductive cancer screening (e.g., pap smears)', 'Family planning/contraception', and 'Prenatal and peripartum care'.

Add 'Human papillomavirus (HPV) vaccination' to list of options

Change question stem to 'What types of referrals to treatment or medications did your program provide? Select all that apply.'

Change 'Buprenorphine (including Suboxone or Subutex)' to 'Buprenorphine alone or with naloxone (including Suboxone or Subutex)'

Change 'Medications for opioid use (MOUD) other than buprenorphine' to 'Methadone' and 'Naltrexone'

Remove 'Medications for mental health disorders'

Add 'Mental health services, including prescription medications' as a response

Change the variables 'Reproductive health care excluding STI testing (e.g., pap smears)' and 'Family planning, contraception, or prenatal care' into 3 categories: 'Reproductive cancer screening (e.g., pap smears)', 'Family planning/contraception', and 'Prenatal and peripartum care'.

Change the first sentence to 'How many unique clients did your program directly serve (not counting secondary exchange) between January 1, 2020, and December 31, 2020?'

Change categories of dollar amounts so that an even number is present at the lower end of the dollar amount interval.

Add variable 'Mental health services, including prescription medications'

Change the variables 'Reproductive health care excluding STI testing (e.g., pap smears)' and 'Family planning, contraception, or prenatal care' into 3 categories: 'Reproductive cancer screening (e.g., pap smears)', 'Family planning/contraception', and 'Prenatal and peripartum care'.

Add variable 'Mental health services, including prescription medications'

Change the variables 'Reproductive health care excluding STI testing (e.g., pap smears)' and 'Family planning, contraception, or prenatal care' into 3 categories: 'Reproductive cancer screening (e.g., pap smears)', 'Family planning/contraception', and 'Prenatal and peripartum care'.

Change 'Disruptions in substance use disorder treatment or linkage' to 'Disruptions in substance use disorder treatment onsite or linkage'

Add 'Disruptions in mental health services offered onsite or linkage' to options

Change 'Interviewer-administered to me over the phone' to 'Interviewer-administered to me over the phone or videoconference'

Delete 'Before we end, we would like to document your preference on how information about your program is shared with others aside from the survey team. Others could include, for example, researchers, health department staff, and other syringe services programs. The survey team includes staff at the North American Syringe Exchange Network (NASEN), the University of Washington (UW), New York University (NYU), and the Centers for Disease Control and Prevention (CDC). As a reminder, data from this survey will only be reported in aggregate (that is, your responses will be grouped with those from other programs) in formats like presentations, publications and reports. Program names and any other information that could potentially identify a program, such as the state or county where a program operates, will never be reported.'

Delete PE6.

Justification/brief explanation for the change requested

This change more accurately reflects the method that the program will use to complete the survey

The inclusion of 501(c)(3) status is a critical differentiating factor between programs that can receive tax-free donations. Programs may have dedicated 501(c)(3) status or fall under a sponsor's 501(c)(3) status.

The change to academic and non-academic healthcare organizations provides removes previous ambiguity present in the earlier version as to which category academic healthcare organizations would fall under.

This minor change is to align with other dollar amounts present in the options in the question.

The nature of the program work is variable and so it is better to defer to the program/employer to interpret what counts as 'full-time'

Verb tense change to match the last last sentence.

Change is to be inclusive of the fact that vending machines may deliver other supplies beyond just syringes; for instance, naloxone.

Google Sheets is a common software used based on other surveys of software use

Specifying only the clients served directly by the program reduces confusion around whether clients secondarily served should count.

Similar to PC16, this added text specifies that only clients directly served by the program count.

This revised order matches the order of the responses for the preceding question CC1. This will reduce confusion for survey participants.

The earlier version contained categories of drugs used by individuals. However, since this is a program level survey, the precise combination of drugs will not be known. In order to improve accuracy of the data collected, we focus on the individual drugs and then broad categories of drugs often combined (multiple opioids and opioid and stimulant combinations).

Change of verb tense to match question stem

HPV vaccination is part of a bundle of preventive services that may be offered at SSPs

The addition of MOUD medication examples will help the participant identify what medications are considered MOUD medications.

Medications for mental health disorders are too broad a category and are better captured as a clinical service and paired alongside non-medication mental health service present in the subsequent question PS7.

In conjunction with the change in PS5, the inclusion of a category of mental health services from providers with prescriptive authority distinguishes it from mental health services that do not provide prescription medications.

The earlier categories of womens health services were not clear and the new categories represent distinctive and non-overlapping services.

In line with the addition of HPV vaccination in PS4, HPV vaccination is added to also capture referrals for HPV vaccination.

Change question stem to be more broad and reflect that not all medications were treatment (some are for prevention)

The revision of the MOUD medications including the disaggregation of methadone and naltrexone is important for comparison with these services that may be offered onsite captured in PS6.

To match the changes made in PS5 and PS7. Medications for mental health disorders is better captured as a clinical service alongside non-medication mental health disorder treatment services

To match the changes in PS13, the inclusion of a category of mental health services from providers with prescriptive authority distinguishes it from mental health services that do not provide prescription medications.

To match the changes in PS7. The earlier categories of womens health services were not clear and the new categories represent distinctive and non-overlapping services.

Similar to changes in PC16. Specifying only the clients served directly by the program reduces confusion around whether clients secondarily served should count.

Similar to changes in PC3. This minor change is to align with other dollar amounts present in the options in the question.

In conjunction with the change in PS5, the inclusion of a category of mental health services from providers with prescriptive authority distinguishes it from mental health services that do not provide prescription medications.

To match the changes in PS7. The earlier categories of womens health services were not clear and the new categories represent distinctive and non-overlapping services.

In conjunction with the change in PS5, the inclusion of a category of mental health services from providers with prescriptive authority distinguishes it from mental health services that do not provide prescription medications.

To match the changes in PS7. The earlier categories of womens health services were not clear and the new categories represent distinctive and non-overlapping services.

Change adds clarity that this service may be offered onsite or through linkage

This addition allows for capturing data for mental health disruptions which are distinct from mental health services

This addition of videoconference is to clarify that this category includes videoconference

It is removed from the questionnaire to reduce participant survey burden.

This data sharing question is deleted and the information is instead added to the invitation email and introductory paragraph.