

Please complete the survey below. Thank you!

Hidden variable: Year of recall period. This is the period that the participant will be asked to recall throughout the survey. This needs to be updated manually by survey staff each time the survey is administered.

Thank you for taking the time to complete this program survey. When answering questions, please refer to the period from January 1, [year], to December 31, [year] unless otherwise stated. If program data are not available, please use your best estimate to complete the questions below. If your program only operated during some of the specified time period, please provide information reflective of the time period(s) during which your program did operate. If you need any clarifications about any of the questions in this survey or how this information will be used, please let me know. During the survey, you may need to refer to your records to answer some questions. If you are unable to answer a question today, but later find the answer in your records, you can reach us later to provide this additional information by contacting Tianna Kong, Project Coordinator, at tiannak@uw.edu

Automatic, hidden variable: Survey date (today)

Automatic, hidden variable: Start time of survey

PI3b. Enter the year. If you do not remember the exact year, please provide your best estimate. Please enter four digits.

First, we would like to ask a series of questions about your program and the services your program provided between January 1, [year], and December 31, [year]. Following these questions, we will then ask a few of the same questions about 2020. The COVID-19 pandemic likely impacted program operations and services provided by programs nationwide during 2020, so this information will be extremely important to help understand these impacts and the continuing challenges to programs moving forward.

The next set of questions is about your program background and overall set-up. All information is important, and we appreciate your time and effort in completing this survey. However, we understand if you cannot answer some of these questions; in these situations, you have an option to select "don't know" or "refuse to answer" responses, whichever best applies.

PC1spec. Specify other program operator

PC2spec. Specify other source of funding.

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.

PC9. Did your program serve communities that you would consider urban, suburban, or rural? Please consider all the locations in which your program operates and select all that apply.

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

PC10spec. Specify other service delivery type.

PC12spec. Specify other reason for disruption(s) to services.

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

PC14spec. Specify other software used to manage client data.

PC15. Did your program assign each client a unique ID?

The next questions are about the characteristics of the clients served directly by your program (not counting secondary exchange). As a reminder, as you answer these questions, please think about your program's operations between January 1, [year], and December 31, [year].

CC1. Which demographic groups did your program reach in [year]? Select all that apply.

CC1spec. Specify other demographic group served.

CC2spec. Specify other demographic group your program had difficulty reaching.

CC3. Approximately what percentage of your clients did not have health insurance? Please use your records if available but provide your best estimate if no records are kept or are not readily available.

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.

CC4specA-C

The next questions are about your program's relationships with members of the community and any related challenges. As a reminder, as you answer these questions, please think about your program's operations between January 1, [year], and December 31, [year].

CR2spec. Specify other external challenges.

CR3spec. Specify other internal challenges.

The next set of questions pertain to syringe services provided by your program between January 1, [year], and December 31, [year].

In this section, we will ask you about overdose prevention services your program may have provided, such as overdose prevention training and naloxone distribution. As a reminder, we are asking about services provided by your program between January 1, [year], and December 31, [year].

PN3. How many doses were distributed in each naloxone kit by your program? If you do not know or prefer not to answer, you may leave the response blank.

PN5spec. Specify other barrier in providing naloxone.

The next set of questions are about the services your program provided or needed between January 1, [year], and December 31, [year]. This information will help us understand the services that programs are already providing, trying to expand, or adding to meet client needs. Please indicate next to each service whether your program 1) fully provided the service (that is, the service was provided at a level that fully met client needs), 2) partially provided the service (that is, the service was provided inconsistently or at a level that did not meet client needs), 3) did not provide the service and was not able to meet client needs, or 4) did not provide the service and most clients did not need the service. If service provision varied between January 1, [year], and December 31, [year], choose the option that best describes the provision of services during the majority of time during this period.

PS1spec. Specify other injection and drug use supplies.

PS3spec. Specify other onsite testing service.

PS6spec. Specify other MOUD

PS7spec. Specify other onsite medical services.

PS10spec. Specify other social service.

The next questions pertain to referrals provided by your program between January 1, [year], and December 31, [year]. By "referral," we mean directing clients to specific offsite providers where they can receive specific services.

PS11. What types of referrals to testing services did your program provide? Select all that apply.

PS11spec. Specify other testing referral

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

PS12spec. Specify other vaccination referral

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

PS13spec. Specify other treatment referral

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

PS14spec. Specify other medical services referrals

Next, we would like to ask you a few questions about the services you provided in 2020.

MD1. Did your program provide any services at any time

The next set of questions is about the services your program provided from January 1, 2020, to December 31, 2020. To the extent possible, please refer to your records to answer these questions. If your program only operated during some of this time period, please provide information reflective of the time period(s) during which your program did operate.

MD2. How many unique clients did your program directly serve (not counting secondary exchange) between the best estimate to your knowledge. If you do not know or prefer not to answer, you may leave the response blank..

MD3. Between January 1, 2020, and December 31, 2020, how many total sterile syringes did your program if records are not readily available. If you do not know or prefer not to answer, you may leave the response blank.

MD4. Between January 1, 2020, and December 31, 2020, did your program provide syringes to clients based on the clients' needs, without any restrictions?

MD5. Did your program distribute naloxone kits between January 1, 2020, and December 31, 2020?

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 of provide the budget for your part of the program. Please provide the best estimate to your knowledge.

MD7. Which of the following testing 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.

MD8. Which of the following medications for opioid use disorder (MOUD) 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.



MD10. Did your program provide referrals for buprenorphine (including Suboxone or Subutex) between January 1, 2020, and December 31, 2020?

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.

MD12spec. Specify other ways your program was impacted by COVID-19.

PE1. The length of the survey was...

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

PE4. How would you like to see this information used? Select all that apply.

PE4spec. Specify other use for this information

SUM

Requested Change

Remove

Remove

Remove "Thank you for taking the time to complete this program survey. When answering questions, please refer to the period from January 1, [year], to December 31, [year] unless otherwise stated. If program data are not available, please use your best estimate to complete the questions below. If your program only operated during some of the specified time period, please provide information reflective of the time period(s) during which your program did operate. If you need any clarifications about any of the questions in this survey or how this information will be used, please let me know. During the survey, you may need to refer to your records to answer some questions. If you are unable to answer a question today, but later find the answer in your records, you can reach us later to provide this additional information by contacting Tianna Kong, Project Coordinator, at tiannak@uw.edu." and add "To begin, please let us know a couple of details about your syringe services program (SSP)."

Remove

Remove

Remove

Remove

Remove

incorporated into PC.1

incorporated into PC.2

Remove all answer options and add box to input exact dollar amount with the note "Please do not include commas"

Remove "consider all the locations in which your program operates" to only say "Please select all that apply."
Change to "Did your program serve communities that you would consider urban, suburban, or rural? Please select all that apply."

Remove "If your program has more than one location or service delivery type" and insert "Please" before select all that apply.

How did your program deliver services? Please select all that apply.

Add text field to "Other (please describe)" answer option.

incorporated into PC.10

This question is now part of PC12

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Justification/brief explanation for the change requested	Notes	New from 2022	Removed questions from 2022	Removed text boxes from 2022
<p>unnecessary text coding instructions - removed</p>				1
<p>Text needed to be updated for clarity and for logistical purposes</p>				
<p>unnecessary question</p>				1
<p>unnecessary text</p>				1
<p>unnecessary text</p>				1
<p>incorporated into PC.1 incorporated into PC.2 less text to read through</p>				

Decreases amount of text to read through while maintaining intent of the question

Revisions to text clarifies the intent of the question

Text field to "Other" answer option was missing, now included

incorporated into PC.10

This question is now part of PC12

This process evaluation question is not essential and removing minimizes response burden

1

This process evaluation question is not essential and removing minimizes response burden

1

This process evaluation question is not essential and removing minimizes response burden

1

unnecessary text

1

Participant-level data is being collected from SSPs, raising concerns for data validity; removing this question decreases survey burden

1

This question is not essential and removing minimizes response burden

1

Participant-level data is being collected from SSPs, raising concerns for data validity; removing this question decreases survey burden

1

Participant-level data is being collected from SSPs, raising concerns for data validity; removing this question decreases survey burden

1

Participant-level data is being collected from SSPs, raising concerns for data validity; removing this question decreases survey burden	1	
Participant-level data is being collected from SSPs, raising concerns for data validity; removing this question decreases survey burden	1	
unnecessary text		1
unnecessary question	1	
unnecessary question	1	
unnecessary text		1
unnecessary text		1
unnecessary question	1	
This question is not essential and removing minimizes response burden	1	
unnecessary text		1
unnecessary question	1	
unnecessary question	1	

This question did not provide meaningful data in the previous survey iteration and removing minimizes response burden	1	
This question did not provide meaningful data in the previous survey iteration and removing minimizes response burden	1	
This question did not provide meaningful data in the previous survey iteration and removing minimizes response burden	1	
This referral-related text is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This referral-related question is not essential and removing minimizes response burden	1	
This section was specific to 2020 and is no longer relevant		1
This section was specific to 2020 and is no longer relevant	1	

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

This section was specific to 2020 and is no longer relevant

1

1

1

1

1

1

1

1

1

1

1

This section was specific to 2020 and is no longer relevant	1		
This process evaluation question is not essential and removing minimizes response burden	1		
This process evaluation question is not essential and removing minimizes response burden	1		
This process evaluation question is not essential and removing minimizes response burden	1		
This process evaluation question is not essential and removing minimizes response burden	1		
	0	45	10