**National HIV Behavioral Surveillance System - Brief Biobehavioral HIV Assessments (NHBS-BHBA)**

**Attachment #3d (English)**

**Quantitative Population-Specific Questions (English)**

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; Attn: OMB-PRA (0920-XXXX)

1. **HET POPULATION-SPECIFIC QUESTIONS**

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| **Last partner** |
|  |
| Intro: Now, I would like to ask some more questions about the last time you had oral, vaginal, or anal sex with a man. I need to ask you all the questions even if some may sound similar to questions I’ve asked before. Remember, your answers will be kept private. [variable: intro\_hetlp] |
|  | *If SEX12=yes and SEX12\_M=1 or more* |
|  | Question: That last time you had sex with a man, did you or your partner use a condom? |
|  | Variable: LPCONDOM\_M |
|  | Response: Condom use with last male partner |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If SEX12=yes and SEX12\_M=1 or more* |
|  | Question: As far as you know, during the time you were having a sexual relationship with that man, did he have sex with other people? Would you say he: [Give respondent Flashcard PopA]  |
|  | Variable: LPOTH\_M |
|  | Response: Last male partner had other partners |
|  | Definitely did not…0 |
|  | Probably did not…1 |
|  | Probably did…2 |
|  | Definitely did…3 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If SEX12=yes and SEX12\_M=1 or more* |
|  | Question: During the time you were having a sexual relationship with that man, did you have sex with other people?  |
|  | Variable: LPROTH\_M |
|  | Response: R had other partners |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPHIVSTS\_M=HIV-positive* |
|  | Question: Earlier you said your last male partner was HIV-positive. Did he tell you whether he was taking antiretroviral medicines or ART to treat HIV infection? |
|  | Variable: LPARTDS\_M |
|  | Response: Whether last male partner disclosed ART use |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPARTDS\_M=Yes* |
|  | Question: Did he say he WAS taking antiretroviral medicines or was NOT taking antiretroviral medicines? |
|  | Variable: LPARTUSE\_M |
|  | Response: HIV+ male partner on ART |
|  | No, partner was NOT taking ART…0 |
|  | Yes, partner WAS taking ART…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
| Intro: Now, I would like to ask some more questions about the last time you had oral, vaginal, or anal sex with a woman. **(ASK ONLY MALE RESPONDENTS) [variable: intro\_oma]** |
|  | *If SEX12=yes and SEX12\_F=1 or more* |
|  | Question: That last time you had sex with a woman, did you or your partner use a condom? |
|  | Variable: LPCONDOM\_F |
|  | Response: Condom use with last female partner |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If SEX12=yes and SEX12\_F=1 or more* |
|  | Question: As far as you know, during the time you were having a sexual relationship with that woman, did she have sex with other people? Would you say she: [Give respondent Flashcard PopA]  |
|  | Variable: LPOTH\_F |
|  | Response: Last female partner had other partners |
|  | Definitely did not…0 |
|  | Probably did not…1 |
|  | Probably did…2 |
|  | Definitely did…3 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If SEX12=yes and SEX12\_F=1 or more* |
|  | Question: During the time you were having a sexual relationship with that woman, did you have sex with other people?  |
|  | Variable: LPROTH\_F |
|  | Response: R had other partners |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPHIVSTS\_F=HIV-positive* |
|  | Question: Earlier you said your last female partner was HIV-positive. Did she tell you whether she was taking antiretroviral medicines or ART to treat HIV infection? |
|  | Variable: LPARTDS\_F |
|  | Response: Whether last female partner disclosed ART use |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPARTDS\_F=Yes* |
|  | Question: Did she say she WAS taking antiretroviral medicines or was NOT taking antiretroviral medicines? |
|  | Variable: LPARTUSE\_F |
|  | Response: HIV+ female partner on ART |
|  | No, partner was NOT taking ART…0 |
|  | Yes, partner WAS taking ART…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **Psychosocial Factors** |
| "Intro: Next, I'd like to ask you some questions about where you live. Please remember your answers will be kept private." [Variable: intro\_psf] |
|  | *If PYHOMLS=yes* |
|  | Question: In the past 12 months, about how many total nights were you homeless? |
|  | Variable: HOMLS\_NTS |
|  | Response: Number of days homeless during past 12 months |
|  | \_\_\_ |
|  | Range: 1-365 |
|  |  Note: If Don’t Know or Refuse to Answer, leave it blank. |
|  |  |
|  | Question: In the past 12 months, that is, since [fill with interview month] of last year, did you ever move in with other people even for a little while because of financial problems? |
|  | Variable: FINPROB |
|  | Response: Moved in with others due to financial problems  |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
| "Intro: Next, I would like to ask you about some difficult situations that may have occurred with your romantic or sexual partners." [Variable: intro\_rsp] |
|  | Question: In the past 12 months, has a romantic or sexual partner slapped, punched, shoved, kicked, shaken or otherwise physically hurt you? |
|  | Variable: PVP12MO |
|  | Response: Physical violence by partner during past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, has a romantic or sexual partner forced or pressured you to have vaginal, oral or anal sex when you did not want to? |
|  | Variable: SVP12MO |
|  | Response: Sexual violence by partner during past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

1. **MSM POPULATION-SPECIFIC QUESTIONS**

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| **Last male partner** |
| Intro: Now, I would like to ask some more questions about the last time you had sex with a man. I need to ask you all the questions even if some may sound similar to questions I’ve asked before. Remember, your answers will be kept private. You said you had sex with a man [fill in the days/weeks/months ago reported in Core Interview]. [Variable: intro\_lmp] |
|  | *If AS\_M1=Yes OR AS\_M>1* |
|  | Question: When you had sex that last time, did you have receptive anal sex where he put his penis in your anus or butt? |
|  | Variable: LPLRAS\_M |
|  | Response: Receptive anal sex with male partner at last sex event |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPLRAS\_M=Yes* |
|  | Question: During receptive anal sex that last time, did he use a condom the whole time? |
|  | Variable: LPLRASCT\_M |
|  | Response: Condom use during receptive anal sex male partner at last event |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If AS\_M1=Yes OR AS\_M>1* |
|  | Question: When you had sex that last time, did you have insertive anal sex where you put your penis in his anus or butt? |
|  | Variable: LPLIAS\_M |
|  | Response: Insertive anal sex with male partner at last sex event |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If LPLIAS\_M=Yes* |
|  | Question: During insertive anal sex that last time, did you use a condom the whole time? |
|  | Variable: LPLIASCT\_M |
|  | Response: Condom use during insertive anal sex male partner at last event |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **Last Event Partner Viral Load** |
| Intro: A person with HIV whose amount of virus in their body is very low may be told by a health care provider that their HIV is undetectable. A person with an undetectable viral load cannot give HIV to their sexual partners. [Variable: intro\_lpvl] |
|  | *LPHIVSTS\_M=HIV Positive* |
|  | Question: Earlier, you told me that your last male partner was HIV-positive. The last time you had sex with him, was his viral load undetectable, detectable, or you didn’t know? |
|  | Variable: L\_LPUNDETECTM |
|  | Response: Whether last male partner undetectable at last event |
|  | Undetectable…0 |
|  | Detectable...1  |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *LPHIVSTS\_F=HIV Positive* |
|  | Question: Earlier, you told me that your last female partner was HIV-positive. The last time you had sex with her, was her viral load undetectable, detectable, or you didn’t know? |
|  | Variable: L\_LPUNDETECTF |
|  | Response: Whether last female partner undetectable at last event |
|  | Undetectable…0 |
|  | Detectable...1  |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **Pre-exposure Prophylaxis (PrEP)** |
| Intro: PRE-exposure prophylaxis, or PrEP, is an antiretroviral medicine, such as Truvada or Descovy, taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV.  |
|  | *If PRPUS12M=No*  |
|  | Intro: Earlier you told me you did not take PrEP in the past 12 months. [variable: intro\_nopr] |
|  | Question: Sometimes people are prescribed medications but later decide not to take them. In the past 12 months, did a health care provider prescribe PrEP for you? |
|  | Variable: PRPPRSB |
|  | Response: PrEP, HCP prescribed, 12m |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If PRPPRSB=Yes* |
|  | Question: Did you pick-up the PrEP prescription that the health care provider gave you? |
|  | Variable: PRPFLPR |
|  | Response: PrEP, filled prescription, 12m |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If PRPUS12M=Yes*  |
|  | Intro: Earlier you told me you had taken PrEP in the past 12 months. [variable: intro\_yepr] |
|  | Question: Now I'm going to ask you about on-demand PrEP, also known as PrEP 2-1-1, which is taking 2 pills a few hours before sex, 1 pill the next day, and 1 pill the day after that. In the past 12 months, have you taken on-demand PrEP at any time?  |
|  | Variable: PRPDEMAND |
|  | Response: "On-demand” PrEP use, 12m |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If PRPUS12M=Yes* |
|  | Question: When was the last time you took PrEP? That is, how many days, weeks, or months ago did you last take PrEP ? |
|  | [INTERVIEWER: If today, enter "0".] |
|  | Variable: PRLDN |
|  | Response: Time since last PrEP, number |
|  | Range: 0-365 (if today, enter "0") |
|  |  Note: If Don’t Know or Refuse to Answer, leave it blank. |
|  |  |
|  | *If PRLDN>1* |
|  | Question: Was this in days or months or years? |
|  | Variable: PRLDU |
|  | Response: Time since last PrEP, unit |
|  | Days…0 |
|  | Months…1 |
|  | Years…2 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: Which PrEP drug did you take the last time you took PrEP? |
|  | [READ choices.] |
|  | Variable: PRPDRUG |
|  | Response: PrEP drug taken |
|  | Truvada…1 |
|  | Descovy…2 |
|  | Injectable Cabotegravir…3 |
|  | Other…4 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If PRPDRUG=Truvada or Descovy*  |
|  | Intro: A lot of people don’t take medications exactly as they are supposed to, at least some of the time. We’d like to know about your experiences with PrEP. [variable: intro\_dpre] |
|  | Question: In the past 30 days, on how many days did you miss a dose of your PrEP medicine?  |
|  | Variable: PRPDM30 |
|  | Response: PrEP adherence, Days missed, 30 d |
|  | \_\_ \_\_ \_\_ |
|  | Range…0-30  |
|  | Note: If Don’t Know or Refuse to Answer, leave it blank. |

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|  | **MPOX**  |
|  | Intro: The next questions are about monkeypox, also known as mpox.  |
|  | Question: Has a doctor or other health care provider ever told you that you had monkeypox? |
|  | Variable: MP\_DXEV |
|  | Response: MPOX diagnosis, ever |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: Have you ever had any doses of a vaccine to prevent monkeypox?  |
|  | Variable: MP\_VCEV |
|  | Response: MPOX vaccine, ever |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **Binge Drinking** |
| Intro: The next questions are about alcohol use. Please remember your answers will be kept private. For these questions, "a drink of alcohol" means a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor.  |
|  | [Give Respondent Flashcard PopB] |
|  | Question: During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?  |
|  | Variable: ALC30D |
|  | Response: Had one or more drinks past 30 days |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *ALC30D=yes* |
|  | Question: During the past 30 days, what is the largest number of drinks you had within about two hours? |
|  | Variable: ALCLG30D |
|  | Response: Largest number drinks on single occasion - past 30 days |
|  | \_\_ \_\_ |
|  | Range: 0-99  |
|  | Note: If Don’t Know or Refuse to Answer, leave it blank. |
|  |  |

1. **PWID POPULATION-SPECIFIC QUESTIONS**

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| **Injection History** |
| **Intro:** Now I am going to ask you about experiences you may have had with injecting drugs. This includes injecting drugs like heroin, methamphetamine, Oxycontin, or any other drug that was not prescribed for you. It also includes injecting drugs that were prescribed for you that you used in a way other than instructed by your healthcare provider. I need to ask you all the questions even if some may sound similar to questions I’ve asked before. Please remember your answers will be kept private. [Variable: intro\_idu] |
|  | Question: Think back to the very first time you injected any drugs, other than those prescribed for you. How old were you when you first injected any drug? |
|  | Variable: AGEINJ |
|  | Response: Age at first injection |
|  | Range…0-75 |
|  | Note: If Don’t Know or Refuse to Answer, leave it blank. |
|  |  |
|  | [Give Respondent Flashcard PopC] |
|  | Question: Which drug do you inject most often? [READ choices.] |
|  | Variable: USINJ |
|  | Response: Drug usually injected |
|  | Speedball, which is heroin and cocaine together…1 |
|  | Heroin and methamphetamine together, such as goofball…2 |
|  | Fentanyl, by itself or in combination with other drugs…3 |
|  | Heroin, by itself…4 |
|  | Methamphetamine, by itself, also known as meth, crystal meth, speed or crank…5 |
|  | Powder cocaine, by itself…6 |
|  | Crack cocaine, by itself…7 |
|  | Painkillers, such as Oxycontin, Dilaudid, or Percocet…8 |
|  | Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin…9  |
|  | Methadone…10 |
|  | Buprenorphine, also known as Suboxone or Subutex…11  |
|  | Something else…12 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you overdose on heroin or painkillers? By overdose, I mean if you passed out, turned blue, or stopped breathing from using drugs. |
|  | Variable: OVERDOSE |
|  | Response: Overdosed in past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you need immediate medical care because you took stimulants, like methamphetamine, cocaine, or crack? |
|  | Variable: STIMOVU |
|  | Response: Stimulant overuse, 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **Injection Behaviors** |
| **Intro:** Next, I'm going to ask you about your injecting behaviors in the past 12 months, that is, since [fill with interview month] of last year. When I ask you about "needles," I'm talking about needles and syringes. [Variable: intro\_inbe] |
|  | Question: In the past 12 months, when you were injecting, about how often did you inject any drug? [READ choices.] |
|  | Variable: INJFX12M |
|  | Response: Overall injection frequency, 12 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…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: On a day when you inject any drug, on average, how many times a day do you inject? |
|  | Variable: INJFXD |
|  | Response: Injection frequency per day |
|  | \_\_ \_\_ \_\_  |
|  | Range…0-300 |
|  | Note: If Don't Know or Refuse to Answer, leave it blank. |
|  |  |
|  | Question: In the past 12 months, have you gotten any new sterile needles? By new sterile needle, I mean no one - not even you - had ever used it before. |
|  | Variable: STLNDL12 |
|  | Response: Got new sterile needles, 12m |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If STLNDL12 = Yes* |
|  | [Give Respondent Flashcard PopD] |
|  | Question: From which of the following places or people did you get new sterile needles in the past 12 months? You may choose more than one option. [READ choices. CHECK ALL that apply.] |
|  | Variable: SNDLSRC |
|  | Response: Sources of new sterile needles, 12m |
|  | Syringe exchange program…1 |
|  | Pharmacy or other store…2 |
|  | Doctor's office, clinic, or hospital…3 |
|  | Bought off the street…4 |
|  | Through the mail…5 |
|  | Internet…6 |
|  | Someone who got them from a syringe exchange…7 |
|  | Some other place or person…8 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you try to get new sterile needles but were unable to get the amount that you needed? |
|  | Variable: STERSTRY |
|  | Response: Unmet need for sterile syringes |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you use cookers, cottons, filters, or water that someone else had already used? |
|  | Variable: SHARWORK |
|  | Response: Used needle equipment after, Y/N |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you use drugs that had been divided with a syringe that someone had already injected with, also known as backloading or splitting? |
|  | Variable: SAMESYR |
|  | Response: Used drugs divided up after, Y/N |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, how many different people did you give your needle to use after you had already injected with it? Please give your best estimate.  |
|  | Variable: NUM\_GIVE |
|  | Response: Number distributive sharing  |
|  | Range…0-300 |
|  | Note: If Don't Know or Refuse to Answer, leave it blank. |
|  |  |
|  | [Give Respondent Flashcard PopE. Read for the first question in the series.] |
|  | Question: In the past 12 months, how often did you reuse a needle you already injected with? |
|  | Variable: REUSE |
|  | Response: Used same needle |
|  | Never…0 |
|  | Rarely…1 |
|  | About half the time…2 |
|  | Most of the time…3 |
|  | Always…4 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | [Give Respondent Flashcard PopE.] |
|  | Question: In the past 12 months, after you injected, how often did you dispose of your used needle in a medical sharps or other secure container and/or took it to a syringe exchange program? |
|  | Variable: SAFEDIS |
|  | Response: Frequency of safe disposal |
|  | Never…0 |
|  | Rarely…1 |
|  | About half the time…2 |
|  | Most of the time…3 |
|  | Always…4 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | **Intro:** The next question is about the last person that you injected with. If you injected with more than one person the last time, please think of the one that you have injected with the most often.  |
|  | Question: Was this person a sex partner, such as your spouse, boyfriend/girlfriend, or other person you have sex with?:  |
|  | Variable: INJLRELSX |
|  | Response: Sex relationship- last injecting partner |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

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| **HCV Testing** |
| **Intro:** Next, I'd like to ask a question about hepatitis C. Hepatitis C is spread through infected blood. Injection drug use is one of the most common reasons people get hepatitis C. [variable: intro\_hcvt] |
|  | Question: Have you ever been tested for hepatitis C infection? |
|  | Variable: EVRHCTST |
|  | Response: Ever tested for HCV |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If EVRHCTST = Yes* |
|  | Question: When was your most recent hepatitis C test? Please tell me the year. |
|  | Variable: RCHCVT |
|  | Response: Year of most recent HCV test |
|  | Range (Year)…1900-2100 |
|  |  If Don't Know or Refuse to Answer, leave it blank. |
|  |  |
|  | *If EVRHCTST = Yes* |
|  | [Give Respondent Flashcard PopF] |
|  | Question: Has a doctor, nurse, or other health care provider ever told you that you had hepatitis C? [READ choices]. |
|  | Variable: HEPCEVER |
|  | Response: Ever told had hepatitis C by doctor or nurse |
|  | No…0 |
|  | Yes, I have been told I have hepatitis C and I have it now…1 |
|  | Yes, I have been told I have hepatitis C, but I do not have it now…2 |
|  | Yes, I have been told I have hepatitis C, but I do not know if I have it now…3 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If HEPCEVER = Yes* |
|  | [Give Respondent Flashcard PopG] |
|  | Question: When were you told you had Hepatitis C? [READ choices.] |
|  | Variable: WHENTHC |
|  | Response: 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…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | *If HEPCEVER=Yes* |
|  | Question: Have you ever taken medicine to treat your Hepatitis C infection? |
|  | Variable: HEPCMEDS |
|  | Response: Ever taken medicine to treat HCV |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

|  |
| --- |
| **HIV Prevention** |
| **Intro:** Next I'd like to ask you about prevention services you may have received in the past 12 months. [variable: intro\_hpi] |
|  | *If SSPU= Yes* |
|  | Question: In the past 12 months, have you used services at a syringe exchange program in [BHBA location]? |
|  | Response: SSP use in NHBS-BHBA location, 12m |
|  | Variable: SSPUL |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, other than syringes, have you received social services, health services, counseling, information, or other supplies from the syringe exchange program? |
|  | Variable: SSPSER |
|  | Response: SSP services received  |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
| Intro: Next, I'm going to ask you about programs that you may have participated in to treat drug use. These include out-patient, in-patient, residential, detox, or 12-step programs. [variable: intro\_hvp] |
|  | Question: In the past 12 months, have you felt that you needed treatment for your drug use? |
|  | Variable: DTFELT |
|  | Response: Felt needed drug tx |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, have you received treatment for your drug use? |
|  | Variable: DT12M |
|  | Response: Drug treatment 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you try to get into a program to treat drug use but were unable to? |
|  | Variable: DTXTRY |
|  | Response: Tried to get Drug TX |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
| **Intro:** 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. [variable: intro\_hpiv] |
|  | Question: In the past 12 months, have you taken medicines that were provided by a doctor or other healthcare provider to treat opioid use? |
|  | Variable: MOUD |
|  | Response: Drug tx - meds in past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, did you try to get medicines to treat opioid use but were unable to? |
|  | Variable: MOUDTRY |
|  | Response: Tried to get MOUD |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

|  |
| --- |
| **Psychosocial Factors** |
| Intro: Next, I would like to ask you about some difficult situations that may have happened to you. [variable: intro\_pf] |
|  | Question: In the past 12 months, has anyone slapped, punched, shoved, kicked, shaken or otherwise physically hurt you? |
|  | Variable: PV12MO |
|  | Response: Physical violence past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |
|  |  |
|  | Question: In the past 12 months, has anyone forced or pressured you to have vaginal, oral or anal sex when you did not want to? |
|  | Variable: SV12MO |
|  | Response: Sexual violence past 12 months |
|  | No…0 |
|  | Yes…1 |
|  | Don’t Know…(.D) |
|  | Refuse to Answer…(.R) |

1. **FLASHCARDS**

**FLASHCARD PopA**

* Definitely did not

* Probably did not

* Probably did

* Definitely did

**FLASHCARD PopB**

FOR USE WITH ALCOHOL QUESTIONS



**FLASHCARD PopC**

* Speedball, which is heroin and cocaine together
* Heroin and methamphetamine together, such as goofball
* Fentanyl, by itself or in combination with other drugs
* Heroin, by itself
* Methamphetamine, as also known as meth, crystal meth, speed, or crank
* Powder cocaine, by itself
* Crack cocaine, by itself
* Painkillers, such as Oxycontin, Dilaudid, or Percocet
* Benzodiazepines or other downers, such as Valium, Xanax, or Klonopin
* Methadone
* Buprenorphine, also known as Suboxone or Subutex
* Something else

**FLASHCARD PopD**

* Syringe exchange programs
* Pharmacy or other store
* Doctor’s office, clinic, or hospital
* Bought off the street
* Through the mail
* Internet
* Someone who got them from a syringe exchange
* Some other place or person

**FLASHCARD PopE**

* Never
* Rarely
* About half the time
* Most of the time
* Always

**FLASHCARD PopF**

* 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 PopG**

* Less than one year ago
* 1 year to 5 years ago
* 6 to 10 years ago
* More than 10 years ago