Hepatitis C prevalence and incidence: A longitudinal study of young people who inject drugs and their injection network members

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Ego Baseline and Follow-up Survey Instruments for the Alter-Ego Study

Ego Baseline Survey

Start of Block: Interviewer Read

Intro
Interviewer Read

Everything you say here today is confidential and protected using only a unique number and **not your name**. Remember, you may choose not to answer questions that are too personal. Remember, in this interview, there are no right or wrong answers. Again, all your responses are confidential.

If your lab results reveal you may be HIV or hepatitis C positive, you will be referred for case management and treatment.

First, you will be asked some questions about yourself.

End of Block: Interviewer Read

Start of Block: Section A

ATitle **Log In Information**

A1 Participant ID

_____

JS

A2 Today's date

_____

A3 Interviewer

End of Block: Section A

Start of Block: Section B

BTitle **Demographic Information**



Q265 Select your birthdate: Qualtrics.SurveyEngine.addOnload(function () { var qid = this.questionId; var calid = qid + '_cal'; var y = QBuilder('div'); $(y).setStyle({clear:'both'}); var d = QBuilder('div',{className:'yui-skin-sam'},[QBuilder('div', {id:calid}), y]); var c = this.questionContainer; c = $(c).down('.QuestionText'); c.appendChild(d); var cal1 = new YAHOO.widget.Calendar(calid); cal1.render(); var input = $('QR~' + qid); $(input).setStyle({marginTop: '20px',width: '150px'}); var p =$(input).up(); var x = QBuilder('div'); $(x).setStyle({clear:'both'}); p.insert(x,{position:'before'}); cal1.selectEvent.subscribe(function(e,dates){ var date = dates[0][0]; if (date[1] < 10) date[1] = '0' + date[1]; if (date[2] < 10) date[2] = '0' + date[2]; input.value = date[1] +'/'+date[2]+'/'+date[0]; }) });



Q267 .button123 { background-color: #00205B; border: none; border-radius: 6px; color: #FFFFFF; padding: 10px 10px; text-align: center; text-decoration: none; display: inline-block; font-size: 14px; margin: 10px 0px; cursor: pointer; height: 60px; width: 145px; font-size:25px; } /*.button:hover { background-color: #4CAF50; /* Green */ color: white; }*/ Validate

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Page Break

JS *

B1A So are you ${e://Field/Age} years old?

- ○ Yes (1)
- ○ No (2)

Page Break

B2 What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Transgender (3)
- ○ Other (please specify) (4) _____

Page Break

B3 Are you Hispanic or Latino(a)?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If B3 = Yes

B3A If you are Hispanic or Latino(a), which do you consider yourself to be? Choose only one answer.

- ○ Mexican American/Mexican (1)
- ○ Central American (2)
- ○ South American (3)
- ○ Puerto Rican (4)
- ○ Cuban (5)
- ○ Dominican (6)
- ○ Spaniard or Portuguese (7)
- ○ Other (specify) (8) _____

Page Break

B4 How do you describe your racial background? Choose only one answer.

- ○ White (1)
- ○ Black (3)
- ○ Asian or Pacific Islander (4)
- ○ Native American, Eskimo or Aleutian (5)
- ○ Mixed (specify) (6) _____
- ○ Other (specify) (7) _____

Page Break

Display This Question:

If B4 = Black

B4A If you are Black, which do you consider yourself to be? Choose only one answer.

- ○ African American (1)
- ○ West Indian/Caribbean, English Speaking (2)
- ○ Caribbean, Spanish Speaking (3)
- ○ Caribbean, French/Creole Speaking (4)
- ○ Hispanic (5)
- ○ African (6)
- ○ Mixed (7)
- ○ Other (specify) (8) _____

Page Break

B5 What is your current, legal marital status?

- ○ Single, never married (1)
- ○ Divorced (2)
- ○ Separated (3)
- ○ Widowed (4)
- ○ Married or Common Law (5)

Page Break

B6 During the last 6 months, did you receive **any** money from any of these sources? (Select all that apply)

- [ ] **Regular job, employed with a regular salary** (full or part time) (1)
- [ ] **Temporary work** (include odd jobs, off-books, temp agency work, etc.) (2)
- [ ] **Self-employed** (in a particular trade or legal hustles) (3)
- [ ] **Panhandling, windshield wiping, recycling scrap metal, or recycling cans for money** (4)
- [ ] **State, Federal Benefits, Welfare, Public Assistance** (Food Stamps, State Public Aid, disability, SSI, unemployment) (5)
- [ ] **A parent, relative, spouse, sexual partner or friend's income** (6)
- [ ] **Theft, robbing, or stealing** (7)
- [ ] **Selling drugs** (8)
- [ ] **Sex for money** (9)
- [ ] **Other** (specify) (10)

_____

Page Break

Display This Question:

If If During the last 6 months, did you receive any money from any of these sources? (Select all that a... q://QID21/SelectedChoicesCount Is Greater Than 1

Carry Forward Selected Choices from "B6"

B6A Where did you get the **most** money from in the last 6 months?

- ○ **Regular job, employed with a regular salary** (full or part time) (1)
- ○ **Temporary work** (include odd jobs, off-books, temp agency work, etc.) (2)
- ○ **Self-employed** (in a particular trade or legal hustles) (3)
- ○ **Panhandling, windshield wiping, recycling scrap metal, or recycling cans for money** (4)
- ○ **State, Federal Benefits, Welfare, Public Assistance** (Food Stamps, State Public Aid, disability, SSI, unemployment) (5)
- ○ **A parent, relative, spouse, sexual partner or friend's income** (6)
- ○ **Theft, robbing, or stealing** (7)
- ○ **Selling drugs** (8)
- ○ **Sex for money** (9)
- ○ **Other** (specify) (10) _____

Page Break

B7 In the last six months, what was your average monthly income from **all of** the sources you listed above?

- ○ Less than $500 (1)
- ○ $500-999 (2)
- ○ $1000-1999 (3)
- ○ $2000-2999 (4)
- ○ More than $3000 (5)
- ○ Don't know (7)

Page Break

*

B8 In the last 6 months, where are **all** the places that you have lived? (Select all that apply)

- ☐ **Your parents' house/apartment/mobile home** (RV) (1)
- ☐ **Your own house/apartment/mobile home (RV)** (2)
- ☐ **Your spouse's or sexual partner's house/apartment/mobile home** (RV) (3)
- ☐ **Someone else's** (relatives', friends') **house/apartment/mobile home** (RV)**/"couch surfing"** (4)
- ☐ **On the streets** (park, bus shelter, under highway overpass, alleys, rooftops, train station) (11)
- ☐ **Your own car/other vehicle/Public transportation** (bus, train) (6)
- ☐ **Abandoned buildings** (squats, no fixed address) (7)
- ☐ **Shelter, welfare residence** (8)
- ☐ **Jail, Prison, Detention Center, Juvenile Hall** (9)
- ☐ **Residential drug treatment program, Drug detox program, Halfway house** (10)
- ☐ **Rented room** (hotel, motel, boarding house, SRO) (5)
- ☐ **Foster Home** (12)
- ☐ **Other** (specify) (13) _____

Page Break

Display This Question:

If If In the last 6 months, where are all the places that you have lived? (Select all that apply) q://QID24/SelectedChoicesCount Is Greater Than 1

Carry Forward Selected Choices from "B8"

B8A In the past 6 months, where have you lived or slept most of the time?

- ○ **Your parents' house/apartment/mobile home** (RV) (1)
- ○ **Your own house/apartment/mobile home (RV)** (2)
- ○ **Your spouse's or sexual partner's house/apartment/mobile home** (RV) (3)
- ○ **Someone else's** (relatives', friends') **house/apartment/mobile home** (RV)**/"couch surfing"** (4)
- ○ **On the streets** (park, bus shelter, under highway overpass, alleys, rooftops, train station) (5)
- ○ **Your own car/other vehicle/Public transportation** (bus, train) (6)
- ○ **Abandoned buildings** (squats, no fixed address) (7)
- ○ **Shelter, welfare residence** (8)
- ○ **Jail, Prison, Detention Center, Juvenile Hall** (9)
- ○ **Residential drug treatment program, Drug detox program, Halfway house** (10)
- ○ **Rented room** (hotel, motel, boarding house, SRO) (11)
- ○ **Foster Home** (12)
- ○ **Other** (specify) (13) _____

Page Break

B9 Have you been homeless at all in the last six months?
(This includes living on the streets or a shelter for one or more days)

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If B9 = Yes

B9A How many days in the past 6 months were you homeless?
If you do not remember the exact number of days, please estimate. For example, 1 month is 30 days, 3 months is 90 days, 6 months is 180 days, etc.

○ Enter number of days (4)

_____

Page Break

B10 What is the last grade you finished in school?

- ○ No schooling (1)
- ○ Elementary school (Grade K-8) (2)
- ○ Some high school (Grade 9-11) (3)
- ○ High School or GED (4)
- ○ Some College or Technical training (5)
- ○ College graduate (6)
- ○ Graduate work (7)

Page Break

B11 Have you ever spent time in a juvenile detention center?

- ○ Yes (1)
- ○ No (2)

Skip To: B12 If B11 != Yes

Page Break

B11A How many times have you been in a juvenile detention center in your lifetime?
If you do not remember the exact amount of times, please estimate.

○ Enter a number (4) _____

Page Break

JS

B11B When were you released the last time you were in juvenile detention center? Please estimate the month & year.

○ Enter the date (MM/YYYY) (1)

_____

Page Break

B12
Have you **ever** spent more than 24 hours in jail?

[Interviewer: this refers to jail, not prison]

- ○ Yes (1)
- ○ No (2)

Skip To: B13 If B12 != Yes

Page Break

B12A How many times have you been in jail in your lifetime?
If you do not remember the exact amount of times, please estimate.

○ Enter a number (4) _____

Page Break

JS

B12B
When were you released the last time you were in jail?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (1)

_____

Page Break

B13 Have you **ever** spent time in prison?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If B13 = Yes

B13A How many times have you been in prison in your **lifetime**?
If you do not remember the exact amount of times, please estimate.

○ Enter a number (4) _____

Page Break

Display This Question:

If B13 = Yes

JS

B13B When were you released the last time you were in prison?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (1)

_____

Page Break

Display This Question:

If B11 = Yes

Or B12 = Yes

Or B13 = Yes

B14 Select all of the charges for which you have spent time in a jail, prison, or juvenile detention center **in your lifetime**.

- [ ] Possession - hard drugs (heroin, cocaine, crack/freebase, speedball or other) (1)
- [ ] Possession - non-prescription opioids (2)
- [ ] Possession - other drugs (amphetamines, stimulants, tranquilizers/downers) (3)
- [ ] Possession - marijuana (4)
- [ ] Drug sales - hard drugs (heroin, cocaine, crack) (6)
- [ ] Drug sales - marijuana (5)
- [ ] Alcohol related (DUI, DWI) (7)
- [ ] Violent offense (homicide, robbery, rape, assault) (8)
- [ ] Property offenses (burglary, larceny, auto theft, stolen property) (9)
- [ ] Prostitution (10)
- [ ] Parole/probation violation (14)
- [ ] Bench warrant (15)
- [ ] Other (specify) (11) _____

Page Break

End of Block: Section B

Start of Block: Section C

CTitle **Alcohol and Drug Use History**

C1 Have you ever drunk alcohol on a weekly basis? Alcohol refers to wine, beer, or liquor.

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If C1 = Yes

C2 Approximately, how old were you when you first started to drink alcohol on a weekly basis? If you do not remember the exact age, please estimate.

○ Age: (3) _____

Page Break

Display This Question:

If C1 = Yes

C3 In the past 6 months, how many **days** did you drink alcohol during a **typical week**?

- ○ Enter number of days per week (1) _____
- ○ I have not drank in the last 6 months (2)

Page Break

Display This Question:

If C3 = Enter number of days per week

C4 On a **typical drinking day**, how many drinks do you drink? Let's say that one drink is equal to a 12 oz. bottle of beer, one glass of wine, one shot of hard liquor, or one mixed drink.

- ○ 1 to 2 (1)
- ○ 3 to 5 (2)
- ○ 6 to 8 (3)
- ○ 9 to 11 (4)
- ○ More than 11 (5)

Page Break

C5 In the past 6 months, have you **shot up drugs** in your veins, muscles or skin (skin popping) ?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If C5 = No

C6Exit **Please locate a nearby study interviewer**

Display This Question:

If C5 = No

JS

C6Exit1 Study interviewer:

Page Break

End of Block: Section C

Start of Block: Section C continued

C6 How old were you when you first shot up drugs in your veins, muscles or skin (skin popping)? If you do not remember your exact age, please estimate.

○ Age : (1) _____

Page Break

C6A When was the last time you injected any drugs (either in your veins, your muscles, or skin (skin popping)? Please estimate the month & year:

Qualtrics.SurveyEngine.addOnload(function () { var qid = this.questionId; var calid = qid + '_cal'; var y = QBuilder('div'); $(y).setStyle({clear:'both'}); var d = QBuilder('div',{className:'yui-skin-sam'},[QBuilder('div', {id:calid}), y]); var c = this.questionContainer; c = $(c).down('.QuestionText'); c.appendChild(d); var cal1 = new YAHOO.widget.Calendar(calid); cal1.render(); var input = $('QR~' + qid); $(input).setStyle({marginTop: '20px',width: '150px'}); var p =$(input).up(); var x = QBuilder('div'); $(x).setStyle({clear:'both'}); p.insert(x,{position:'before'}); cal1.selectEvent.subscribe(function(e,dates){ var date = dates[0][0]; if (date[1] < 10) date[1] = '0' + date[1]; if (date[2] < 10) date[2] = '0' + date[2]; input.value = date[1] +'-'+date[2]+'-'+date[0]; }) });

Page Break

Display This Question:

If Alert_embed = 1

C7PreCheck Please locate a nearby study interviewer

Display This Question:

If Alert_embed = 1

JS

C7PreCheck1 Study Interviewer :

Page Break

C7 Were you hooked on **painkillers/prescription** drugs **before** you injected drugs for the very first time?

- ○ Yes (1)
- ○ No (2)

Page Break

Instructions Interviewer please read: "In this section, we will be asking about drugs that you have **injected only**. In a following section, we will ask about drugs you have used in any way **other than injecting.**"

C8 Please select if you have **ever <u>injected</u>** any of these drugs. (Select <u>all</u> that apply)

- ☐ Heroin by itself (1)
- ☐ Heroin and Cocaine together (Speedball) (2)
- ☐ Powder Cocaine by itself (4)
- ☐ Crack/Rock Cocaine (5)
- ☐ Methamphetamines (Crystal Meth, Crank, Glass, etc.) (6)
- ☐ Amphetamines (speed, uppers) without a prescription (Adderall, Dexedrine, Ritalin, Concerta, etc.) (7)
- ☐ Tranquilizers/Downers/Barbiturates/Benzodiazepines **without a prescription** (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.) (11)
- ☐ Painkillers/Narcotics/other opioids **without a prescription** (Oxycontin, Morphine, Dilaudid, Percocet, Codeine, etc.) (8)
- ☐ Steroids/Hormones (9)
- ☐ Injected any other drug (specify) (10) _____

Page Break

Display This Question:

If C8 = Heroin by itself

C8A In the past 6 months, how **often** did you inject Heroin by itself?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Heroin and Cocaine together (Speedball)

C8B In the past 6 months, how often did you inject Heroin and Cocaine together (Speedball)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Powder Cocaine by itself

C8C In the past 6 months, how often did you inject Powder Cocaine by itself?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Crack/Rock Cocaine

C8D In the past 6 months, how often did you inject Crack/Rock Cocaine?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Methamphetamines (Crystal Meth, Crank, Glass, etc.)

C8E In the past 6 months, how often did you inject Methamphetamines (Crystal-Meth, Crank, Glass, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Amphetamines (speed, uppers) without a prescription (Adderall, Dexedrine, Ritalin, Concerta, etc.)

C8F In the past 6 months, how often did you inject Amphetamines (speed, uppers) without a prescription (Adderall, Dexedrine, Ritalin, Concerta, etc.)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C8 = Tranquilizers/Downers/Barbiturates/Benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

C8G In the past 6 months, how often did you inject Tranquilizers/Downers/Barbiturates/ Benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Painkillers/Narcotics/other opioids without a prescription (Oxycontin, Morphine, Dilaudid, Percocet, Codeine, etc.)

C8H In the past 6 months, how often did you inject Painkillers, Narcotics, or other opioids without a prescription (Oxycontin, Morphine, Dilaudid, Percocet, Codeine, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Steroids/Hormones

C8I In the past 6 months, how often did you inject Steroids/Hormones?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C8 = Injected any other drug (specify)

C8J In the past 6 months, how often did you inject ${C8/ChoiceTextEntryValue/10}

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Read **This section will ask you about your shooting habits and about syringes that you may have used to shoot-up drugs <u>in the past 6 months.</u> A syringe refers to both the needle and the plunger.**

Page Break

C9 On average, how **often did you shoot up** in the past 6 months?

- ○ Once a month or less (1)
- ○ Two - three days a month (2)
- ○ About once a week (3)
- ○ Two - three days a week (4)
- ○ Four - six days a week (5)
- ○ Everyday (6)

Page Break

C10 On average, how many times would you **inject on a typical day** that you shot up in the past 6 months?

- ○ Enter a number (4) _____

Page Break

C11 How often did you **shoot-up with other people** in the past 6 months? *This doesn't necessarily mean that you were sharing syringes or equipment, just shooting up at the same time.*

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If C11 != Never

C12 In the past 6 months, **who did you shoot-up with MOST often** when not shooting by yourself?

- ○ Steady sex partner (spouse, boyfriend or girlfriend) (1)
- ○ Other sex partner (someone you don't consider a partner, spouse, or significant other (e.g. someone you hook up with)) (2)
- ○ Running buddy (shooting-partner) (3)
- ○ Friend or acquaintances you don't have sex with (4)
- ○ Parent (mother, father, step-parent) (5)
- ○ Relative (brother, sister, cousin, aunt, uncle) (6)
- ○ Person you don't know (7)
- ○ Drug dealer (8)
- ○ Needle dealer (9)
- ○ Other (specify): (10) _____

Page Break

C13 Look at the picture below. Think about the type of syringe you used most often in the past **6 months.**

C13A Please select the type of syringe you used most often in the past 6 months to inject ANY drug.

- ○ A. 1 mL Needle (the type you would get at a needle exchange) (1)
- ○ B. 3/10 mL Diabetic Needle (2)
- ○ C. Detachable Needle (3)
- ○ Other (please specify) (4) _____
- ○ Don't know (5)

Page Break

C13B For the syringe you just picked from the photo above in the past 6 months, how often do you use this type of syringe for injecting ANY drug?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C13_2 Look at the picture below again. Is there any **OTHER types of syringes** that you have used in the past 6 months? If so, check off which one(s) in the next question.

---

*

C13C
Please select any **OTHER types of syringes** you used in the past 6 months.

- [ ] A. 1 mL Needle (the type you would get at a needle exchange) (1)
- [ ] B. 3/10 mL Diabetic Needle (2)
- [ ] C. Detachable Needle (3)
- [ ] ⊗ None of the above (4)
- [ ] Other (please specify) (5) _____
- [ ] ⊗ Don't Know (6)

Page Break

Display This Question:

If C13C = A. 1 mL Needle (the type you would get at a needle exchange)

Or C13C = B. 3/10 mL Diabetic Needle

Or C13C = C. Detachable Needle

Or C13C = Other (please specify)

JS *

C13D How often do you use the **OTHER type(s)** of syringe(s) you just selected to inject ANY drug past 6 months? (Think about the photo you just saw)

Display This Choice:

If C13C = A. 1 mL Needle (the type you would get at a needle exchange)

Display This Choice:

If C13C = B. 3/10 mL Diabetic Needle

Display This Choice:

If C13C = C. Detachable Needle

Display This Choice:

If C13C = Other (please specify)

	Never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Always (5)
Display This Choice: *If C13C = A. 1 mL Needle (the type you would get at a needle exchange)* 1 mL Needle (the type you would get at a needle exchange) (1)	○	○	○	○	○
Display This Choice: *If C13C = B. 3/10 mL Diabetic Needle* 3/10 mL Diabetic Needle (3)	○	○	○	○	○
Display This Choice: *If C13C = C. Detachable Needle* Detachable Needle (5)	○	○	○	○	○
Display This Choice: *If C13C = Other (please specify)* Other (specify) (8)	○	○	○	○	○

Page Break

C14 In the past 6 months, how often did you buy your own drugs?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C15 In the past 6 months, how often did you use a **NEW, sterile syringe** when you shot up? A NEW, sterile syringe is a syringe never used before by anyone—not EVEN YOU. Usually, a new syringe would come in a wrapper.

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C16 In the past 6 months, when you injected, how often did you use a syringe **used before** ONLY BY you?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C16A In past 6 months, how often did you inject with a syringe **AFTER someone else** has squirted drugs into it from their syringe (backloading)?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C17 In the past 6 months when you injected drugs, how often did you use any of the following items with **other people**? (*This could be before or after other people used them*)

	Never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Always (5)	Don't know (6)
Drawn from the same cooker (bottle cap, spoon) (1)	○	○	○	○	○	○
Used the same cotton (2)	○	○	○	○	○	○
Used the same rinse water (water to clean works) (3)	○	○	○	○	○	○

Page Break

C18 In the past 6 months, when you shot up, how often did you use a syringe that you know for sure **had been used before you** by someone else?

- Never (1)
- Less than half the time (2)
- About half the time (3)
- More than half the time (4)
- Always (5)

Page Break

Display This Question:

If C18 != Never

JS

C19 This is a list of ways that people clean SYRINGES before shooting drugs. In the past 6 months when you used a syringe that was **USED before you by someone else**, how often did you clean it with:

	Never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Always (5)
Only water before shooting (1)	○	○	○	○	○
Bleach followed by water (3)	○	○	○	○	○
Rubbing Alcohol (5)	○	○	○	○	○
Peroxide (6)	○	○	○	○	○
Boiling Water (7)	○	○	○	○	○
Other (specify) (8)	○	○	○	○	○

Page Break

C19EndNote **Please think about where you get your syringes. You will** NOT **be asked to name anyone or any specific locations. Just a reminder, all the information you reveal will be absolutely confidential.**

Page Break

C20 In past 6 months, how **easy was it for you to get NEW, sterile syringes** when you wanted to shoot drugs?

- ○ Very easy (1)
- ○ Easy (2)
- ○ Somewhat hard (3)
- ○ Very hard (4)
- ○ Impossible (5)
- ○ Never tried (6)

Page Break

Display This Question:

If C20 = Very easy

Or C20 = Easy

Or C20 = Somewhat hard

Or C20 = Very hard

C21 In the past 6 months, where did you get **most** of your NEW, UNUSED syringes from?

- ○ Wife, husband, girlfriend, boyfriend, lover, or sex partner (1)
- ○ Family member or a relative (2)
- ○ Friend or an acquaintance (3)
- ○ Pharmacy (4)
- ○ Diabetic or their relative (5)
- ○ Drug dealer (6)
- ○ Needle dealer (7)
- ○ Needle exchange program (NEP) (8)
- ○ Other (specify) (9) _____

Page Break

Read **These next questions will ask you about your experiences with using NON-INJECTING drugs. A *non-injecting* drug is any drug that was not prescribed to you by a doctor and NOT injected in your veins, muscles, or by skin-popping.**

Page Break

C22 Have you **ever** used any of these drugs in any way OTHER THAN injecting? (Select all that apply)

- [ ] Sniffed or snorted cocaine (1)
- [ ] Smoked heroin by itself (2)
- [ ] Sniffed or snorted heroin (3)
- [ ] Smoked crack/rock cocaine (4)
- [ ] Methamphetamines (crystal-meth, crank, glass, etc.) (5)
- [ ] Used tranquilizers/downers/barbiturates/ benzodiazepines **without a prescription** (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.) (6)
- [ ] Used amphetamines (speed, uppers) **without a prescription** (Adderall, Concerta, Ritalin, etc.) (7)
- [ ] Used painkillers, narcotics or opiates **without a prescription** (OxyContin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.) (15)
- [ ] Used street methadone or suboxone **without a prescription** (not from a program) (8)
- [ ] Smoked marijuana or hash (9)
- [ ] Used inhalants (poppers, nitrous oxide (NO2), sniffing glue, etc.) (10)
- [ ] Used hallucinogens (LSD, ecstasy, mushrooms, peyote, or mescaline, etc.) (11)
- [ ] Used PCP (angel dust, wicket sticks, leaf, wet, etc.) (12)
- [ ] Sniffed or snorted any other drug? (Specify) (13)

_____

- [ ] Smoked any other drug or drug combo? (Specify) (14)

_____

☐ Took orally (by mouth) any other drug or drug combo? (Specify) (16)

_____

☐ ⊗ None of the above (19)

Page Break

Display This Question:

If C22 = Sniffed or snorted cocaine

C22A During the last 6 months, how often did you sniff or snort Cocaine?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Smoked heroin by itself

C22B During the last 6 months, how often did you smoke Heroin by itself?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Sniffed or snorted heroin

C22C In the past 6 months, how often did you sniff or snort Heroin?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Smoked crack/rock cocaine

C22D In the past 6 months, how often did you smoke Crack/Rock Cocaine?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Methamphetamines (crystal-meth, crank, glass, etc.)

C22E In the past 6 months, how often did you use Methamphetamines (Crystal meth, Crank, Glass, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four -six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Used tranquilizers/downers/barbiturates/ benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

C22F In the past 6 months, how often did you use use Tranquilizers/Downers/Barbiturates/ Benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Used tranquilizers/downers/barbiturates/ benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

JS

C22F1 When did you first use these prescription drugs (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C22 = Used tranquilizers/downers/barbiturates/ benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

C22F2 How did you obtain these prescription drugs that first time (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C22F2 = I was prescribed it by a doctor/nurse/other health provider

C22F2A What was the reason you were prescribed these drugs?

- ○ Anxiety/depression (1)
- ○ Panic disorder (5)
- ○ Sleep disorder (6)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C22 = Used amphetamines (speed, uppers) without a prescription (Adderall, Concerta, Ritalin, etc.)

C22G In the past 6 months, how often did you use Amphetamines (speed, uppers) without a prescription (Adderall, Concerta, Ritalin, etc.)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C22 = Used amphetamines (speed, uppers) without a prescription (Adderall, Concerta, Ritalin, etc.)

JS

C22G1 When did you first use these prescription drugs (Adderall, Concerta, Ritalin, etc.) Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C22 = Used amphetamines (speed, uppers) without a prescription (Adderall, Concerta, Ritalin, etc.)

C22G2 How did you obtain these prescription drugs that first time (Adderall, Concerta, Ritalin, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C22G2 = I was prescribed it by a doctor/nurse/other health provider

C22G2A What was the reason you were prescribed these drugs?

- ○ ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder) (1)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C22 = Used painkillers, narcotics or opiates without a prescription (OxyContin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.)

C22H In the past 6 months, how often did you use painkillers, narcotics or opiates without a prescription (Oxycontin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C22 = Used painkillers, narcotics or opiates without a prescription (OxyContin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.)

JS

C22H1 When did you first use these prescription drugs (Dilaudid, Morphine, Oxycontin, Percocet, Vicodin, Codeine, etc.)
Please enter the approximate month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C22 = Used painkillers, narcotics or opiates without a prescription (OxyContin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.)

C22H2 How did you obtain these prescription drugs that first time (Oxycontin, Percocet, Vicodin, Codeine, Dilaudid, Morphine, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C22H2 = I was prescribed it by a doctor/nurse/other health provider

C22H2A What was the reason you were prescribed these drugs?

- ○ Work/sports accident or injury (1)
- ○ Chronic pain (2)
- ○ Surgery (3)
- ○ Other (please specify) (4) _____

Page Break

Display This Question:

If C22 = Used street methadone or suboxone without a prescription (not from a program)

C22I During the last 6 months, how often did you use Street Methadone or Suboxone without a prescription (not from a program)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Used street methadone or suboxone without a prescription (not from a program)

JS

C22I1 When did you first use these prescription drugs (Street Methadone or Suboxone) Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (4)

  _____

- ○ Don't know (5)

Page Break

Display This Question:

If C22 = Used street methadone or suboxone without a prescription (not from a program)

C22I2 How did you obtain prescription drugs that first time (Street Methadone or Suboxone)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friends/family members gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C22I2 = I was prescribed it by a doctor/nurse/other health provider

C22I2A What was the reason you were prescribed these drugs?

- ○ Substance abuse (1)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C22 = Smoked marijuana or hash

C22J In the past 6 months, how often did you smoke Marijuana or Hash?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Used inhalants (poppers, nitrous oxide (NO2), sniffing glue, etc.)

C22K In the past 6 months, how often did you use inhalants (Poppers, nitrous oxide (NO2), sniffing glue, etc.)

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C22 = Used hallucinogens (LSD, ecstasy, mushrooms, peyote, or mescaline, etc.)

C22L In the past 6 months, how often did you use hallucinogens (LSD, Ecstasy, Mushrooms, Peyote, or Mescaline, etc.)

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Used PCP (angel dust, wicket sticks, leaf, wet, etc.)

C22M In the past 6 months, how often did you use PCP (Angel dust, wicket sticks, leaf, wet, etc.)

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Sniffed or snorted any other drug? (Specify)

C22N In the past 6 months, how often did you sniff or snort ${C22/ChoiceTextEntryValue/13}?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C22 = Smoked any other drug or drug combo? (Specify)

C22O In the past 6 months, how often did you smoke ${C22/ChoiceTextEntryValue/14}?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Display This Question:

If C22 = Took orally (by mouth) any other drug or drug combo? (Specify)

C22P In the past 6 months, how often did you take ${C22/ChoiceTextEntryValue/16} orally (by mouth)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

End of Block: Section C continued

Start of Block: Section D

DTitle **Drug Treatment and Overdose History**

This section will ask you about programs that you may have participated in to treat drug/alcohol use. These include out-patient, in-patient, residential, detox, or 12-step programs.

Page Break

D1 Have you **EVER** been in a drug treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D1 = Yes

D2 In the **past 6 months**, have you been in a drug treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D2 = Yes

*

D3 What kind of drug treatment program(s) have you participated in the past? (Select all that apply)

- [ ] Drug detoxification (detox) (1)
- [ ] Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone) (2)
- [ ] Narcotics Anonymous (NA) (3)
- [ ] Alcoholics Anonymous (AA) (4)
- [ ] Cocaine treatment program (5)
- [ ] Residential treatment program (6)
- [ ] Other out-patient treatment program (7)
- [ ] Other (Specify) (8) _____

Page Break

Display This Question:

If D3 = Drug detoxification (detox)

D3A1 How many times did you participate in drug detoxification (detox) program(s) in your lifetime? If you do not know the exact number, please estimate.

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Drug detoxification (detox)

D3A2 In the past 6 months, have you been in a drug detoxification (detox) program

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3A2 = No

JS

D3A3 When did you last participate in a drug detoxification (detox) program? Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone)

D3B1 How many times did you participate in a Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone) program in your lifetime?

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone)

D3B2 In the past 6 months, have you been in a Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone) program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3B2 = No

JS

D3B3 When did you last participate in a Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone) program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Narcotics Anonymous (NA)

D3C1 How many times (extended periods) did you participate in a Narcotics Anonymous (NA) program in your lifetime? If you do not know the exact number, please estimate.

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Narcotics Anonymous (NA)

D3C2 In the last 6 months, have you been in a Narcotics Anonymous (NA) program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3C2 = No

JS

D3C3 When did you last participate in Narcotics Anonymous (NA) program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Alcoholics Anonymous (AA)

D3D1 How many times (extended periods) did you participate in Alcoholics Anonymous (AA) program in your lifetime? If you do not know the exact number, please estimate.

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Alcoholics Anonymous (AA)

D3D2 In the past 6 months, have you been in a Alcoholics Anonymous (AA) program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3D2 = No

JS

D3D3 When did you last participate in Alcoholics Anonymous (AA) program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Cocaine treatment program

D3E1 How many times did you participate in Cocaine treatment program in your lifetime?

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Cocaine treatment program

D3E2 In the past 6 months, have you been in a Cocaine treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3E2 = No

JS

D3E3 When did you last participate in Cocaine treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Residential treatment program

D3F1 How many times did you participate in Residential treatment program in your lifetime?

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Residential treatment program

D3F2 In the past 6 months, have you been in a Residential treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3F2 = No

JS

D3F3 When did you last participate in Residential treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Other out-patient treatment program

D3G1 How many times did you participate in an Other out-patient treatment program in your lifetime?

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Other out-patient treatment program

D3G2 In the past 6 months, have you been in an Other out-patient treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3G2 = No

JS

D3G3 When did you last participate in an Other out-patient treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D3 = Other (Specify)

D3H1 How many times did you participate in ${D3/ChoiceTextEntryValue/8} in your lifetime?

○ Enter a number (4) _____

Page Break

Display This Question:

If D3 = Other (Specify)

D3H2 In the past 6 months, have you been in ${D3/ChoiceTextEntryValue/8} program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D3H2 = No

JS

D3H3 When did you last participate in ${D3/ChoiceTextEntryValue/8}?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = No

D4 There are many reasons people do not participate in drug treatment programs. Please select your **MAIN reason** for not participating in a drug treatment program in the past 6 months.

- ○ Not ready for a program (1)
- ○ Tried to get into a program but was not able to, or on a waiting list (2)
- ○ I don't have a problem with drugs (3)
- ○ Treatment programs don't work for me (4)
- ○ Tried a program before and failed (5)
- ○ Concerned about my family (like losing kids, spouse) (6)
- ○ Can't afford the fees/insurance won't cover it (7)
- ○ Other (specify) (8) _____

Page Break

Display This Question:

If D3 != Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone)

D5 Have you **EVER** taken medicines like Methadone, Buprenorphine, Suboxone or Subutex to treat your drug use?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D5 = Yes

D6 In the **past 6 months**, have you taken medicines like Methadone, Buprenorphine, Suboxone or Subutex to treat your drug use?

- ○ Yes (1)
- ○ No (2)

Page Break

Note **You will now be asked some questions about your experiences with drug overdose. Overdose means you passed out, turned blue, or stopped breathing from using drugs. It does not include falling asleep or nodding out.**

Page Break

D7 Have you **EVER** overdosed on heroin, other hard drugs, or painkillers? Overdose means you passed out, turned blue, or stopped breathing from using drugs.

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D7 = Yes

D8 How many times have you experienced an overdose in your **lifetime**?

○ Enter a number (4) _____

Page Break

Display This Question:

If D7 = Yes

JS

D9 What is the date of your **last** overdose?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

D10 Has someone ever administered Narcan/Naloxone **TO YOU**?
(Narcan/Naloxone is a drug that is usually given to people to reverse an opioid overdose. Sometimes a friend who is trained can administer it)

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D10 = Yes

JS

D11 What date did someone administer Narcan/Naloxone **to you**?

Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

D12 Have **YOU** ever administered Narcan/Naloxone **TO** anyone?
(Narcan/Naloxone is a drug that is usually given to people to reverse an opioid overdose. Sometimes a friend who is trained can administer it)

- ○ Yes (1)
- ○ No (2)

Page Break

D13 Do you know anyone who has died from a drug overdose?

- ○ Yes (1)
- ○ No (2)

Page Break

D14 Have you used drugs with Fentanyl in it?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Page Break

Display This Question:

If D14 = Yes

D15 Did you ever know beforehand there was Fentanyl in your drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

D16 On a scale of 1-10, how concerned are you about your drugs having Fentanyl in them without your knowledge?

- ○ 1 (0)
- ○ 2 (11)
- ○ 3 (12)
- ○ 4 (13)
- ○ 5 (14)
- ○ 6 (15)
- ○ 7 (16)
- ○ 8 (17)
- ○ 9 (18)
- ○ 10 (19)

Page Break

D17 Have you taken any of these steps to minimize your risk of overdosing on Fentanyl? (Select all that apply)

- [ ] Avoid injecting alone (1)
- [ ] Make sure to carry Narcan/Naloxone with you (2)
- [ ] Inject with someone who knows how to administer Narcan/Naloxone in case I overdose (3)
- [ ] Only purchase heroin from a trusted heroin dealer (4)
- [ ] I slowly inject a small amount of my heroin to test its potency before I inject the rest (5)
- [ ] Check to see if the drugs change color when cooked (for example: purple, green, clear) (11)
- [ ] Other (specify) (7) _____
- [ ] None of the above (10)

Page Break

End of Block: Section D

Start of Block: Section E

ETitle **Sexual Behavior/Lifestyle**

The next part of the interview is about sex. It will ask you about your sexual activity in the **past 6 months**. "Sex" includes ***vaginal, oral or anal sex***. "Sex" includes all these types of activities, whether they were paid or unpaid, and whether you wanted to do them or not. Please remember that you can refuse to answer any question.

Page Break

E1 In the past 6 months, how often have had you had sex? Sex meaning, vaginal, anal, or oral sex.

- Never (1)
- Once a month or less (2)
- Two to three times a month (3)
- About once a week (4)
- Two to three days a week (5)
- Four to six days a week (6)
- Everyday (7)

Skip To: End of Block If E1 = Never
Skip To: End of Block If E1 =
Skip To: End of Block If E1 =

Page Break

E2 In the past 6 months, how many people from each group have you had sex with?
Men : _____ (1)
Women : _____ (2)
Transgender : _____ (3)
Other : _____ (4)
Total : _____

Page Break

ENote1

Now, you will be asked questions regarding your <u>regular sex partner(s)</u> and your <u>casual sex partner(s)</u>.

By “regular sex partner” I mean someone you have sex with and who you feel committed to above anyone else. This is a partner you would call your boyfriend, girlfriend, significant other, life partner, etc.

By "casual sex partner" I mean someone you don't feel committed to, or don't know very well.

Page Break

E3 In the past 6 months, how many of each type of sex partner have you had? You answered ${E2/TotalSum} previously for the gender of your sex partners, so your answers must total this number.
Regular : _____ (1)
Casual : _____ (2)
Total : _____

Page Break

Display This Question:

If E3 [Regular] > 0

E4 In the past 6 months, how often did you use a condom with your **regular or steady** partner(s) for sex?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If E3 [Regular] > 0

E5 As far as you know, have any of these **regular or steady** sex partner(s) ever injected drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If E3 [Casual] > 0

E6 In the past 6 months, how often did you use condoms with these **casual** partner(s) while having sex?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If E3 [Casual] > 0

E7 As far as you know, have any of these **casual** sex partner(s) ever injected drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

E8 During the past 6 months, did **you give anyone** drugs in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E9 During the past 6 months, did **you give anyone** money in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E10 During the past 6 months, did **you receive** drugs in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E11 During the past 6 months, did **you receive** money in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

End of Block: Section E

Start of Block: Section F

Note F **Medical History**

Now, you will be asked questions about your medical history. Remember that all the information you provide is confidential.

Page Break

JS

F1 When was your last **HIV** test?
Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (1)

  _____

- ○ Never had an HIV test (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F1 = Enter the date (MM/YYYY)

Or F1 = Don't know

F1A What was the **HIV** test result?

- ○ Negative (1)
- ○ Positive (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F1A = Positive

F1AExit **Please locate a nearby study interviewer now.**

Skip To: F1AExit1 If F1AExit Is Displayed

Display This Question:

If F1A = Positive

JS

F1AExit1 Study interviewer:

Page Break

End of Block: Section F

Start of Block: Section F continued

JS

F2 When was your last **hepatitis C** test?
Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (1)

  _____

- ○ Never had an HCV test (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F2 = Enter the date (MM/YYYY)

Or F2 = Don't know

F2A What was the **hepatitis C** result?

- ○ Negative (1)
- ○ Positive (2)
- ○ Don't know (3)

Page Break

F3 Did you receive a blood transfusion or any blood products (plasma, platelets, etc.) before **July, 1992**?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Page Break

F4 Have you ever been told by a health professional that you have any of these sexually-transmitted infections? (Select all that apply)

- [ ] Gonorrhea (1)
- [ ] Syphilis (Bad blood) (2)
- [ ] Chlamydia (Clap) (3)
- [ ] Genital Herpes (4)
- [ ] Genital warts (5)
- [ ] Trichomoniasis (Trich) (6)
- [ ] PID (Pelvic Inflammatory Disease) [FEMALE PARTICIPANTS ONLY] (7)
- [ ] Other STIs (8) _____
- [ ] None of these (9)

Page Break

Display This Question:

If F4 = Gonorrhea

F4A In the last 6 months, has a health professional told you that you have Gonorrhea?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Syphilis (Bad blood)

F4B In the last 6 months, has a health professional told you that you have Syphilis (Bad blood)?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Chlamydia (Clap)

F4C In the last 6 months, has a health professional told you that you have Chlamydia (Clap)?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Genital Herpes

F4D In the last 6 months, has a health professional told you that you have Genital Herpes?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Genital warts

F4E In the last 6 months, has a health professional told you that you have Genital warts?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Trichomoniasis (Trich)

F4F In the last 6 months, has a health professional told you that you have Trichomoniasis (Trich)

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = PID (Pelvic Inflammatory Disease) [FEMALE PARTICIPANTS ONLY]

F4G In the last 6 months, has a health professional told you that you have PID (Pelvic Inflammatory Disease)?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If F4 = Other STIs

F4H In the last 6 months, has a health professional told you that you have Other STIs or VDs (i.e. ${F4/ChoiceTextEntryValue/8})?

- ○ Yes (1)
- ○ No (2)

Page Break

End of Block: Section F continued

Start of Block: Section G

Note G **Now, we would like to learn what you know about hepatitis C. Remember that all the information you provide is confidential.**

Page Break

G1 Have you ever been told by a doctor or other health professional that you have hepatitis C?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Skip To: G12 If G1 = No

Page Break

G2 In the past 6 months, have you been told **FOR THE FIRST TIME** by a doctor/nurse/health provider that you have hepatitis C?

- ○ Yes (1)
- ○ No (2)

Page Break

G3 In the past 6 months, have you received medical care for hepatitis C?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (7)

Skip To: G7 If G3 = Yes

G4 Have you ever received medical care for hepatitis C?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (5)

Skip To: G6 If G4 = Yes

Page Break

Display This Question:

If G4 != Yes



G5 What are the reasons you have not received medical care for hepatitis C? (Select all that apply)

- [ ] I don't have insurance (1)
- [ ] I couldn't afford it (2)
- [ ] I was told I am not sick enough (3)
- [ ] I was told I couldn't get treatment if I was still using drugs (4)
- [ ] I was denied treatment by my insurance company (5)
- [ ] I didn't have the time (6)
- [ ] I didn't have transportation (7)
- [ ] I was concerned about people finding out I have HCV (8)
- [ ] I was worried about the side effects of the medication (9)
- [ ] My doctor says I don't need medication (10)
- [ ] Other (11) _____

Display This Question:

If G4 = Yes

G6 What are the reasons you have not received medical care for hepatitis C in the **last 6 months**? (Select all that apply)

- [ ] I don't have insurance (1)
- [ ] I couldn't afford it (2)
- [ ] I was told I am not sick enough (3)
- [ ] I was told I couldn’t get treatment if I was still using drugs (4)
- [ ] I was denied treatment by my insurance company (5)
- [ ] I didn't have the time (6)
- [ ] I didn't have transportation (7)
- [ ] I was concerned about people finding out I have HCV (8)
- [ ] I was worried about the side effects of the medication (9)
- [ ] My doctor says I don't need medication (10)
- [ ] Other (11) _____

Page Break

G7 Have you ever taken ANY medications to treat hepatitis C?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Skip To: G12 If G7 = No

Page Break

G8 Are you currently taking ANY medications to treat hepatitis C?

- ○ Yes (1)
- ○ No (2)

Page Break

G9 Were the medications shots or pills?

- ○ Shots only (1)
- ○ Pills only (oral only) (2)
- ○ Both shots and pills (3)
- ○ Don't know (4)

Page Break

*

G10 What are the names of the hepatitis C medications you have **EVER** taken? (Select all that apply)

- [ ] Harvoni (1)
- [ ] Zepatier (2)
- [ ] Mavyret (3)
- [ ] Sovaldi (4)
- [ ] Daklinza (5)
- [ ] Epclusa (6)
- [ ] Viekira XR (7)
- [ ] Vosevi (8)
- [ ] Interferon (9)
- [ ] Ribavirin (10)
- [ ] Other (11) _____
- [ ] Don't know (12)

Page Break

G11 What are some reasons that might prevent you from taking hepatitis C medications every day? (Select all that apply)

- [ ] Forgetting to take my medication daily (1)
- [ ] Work schedule (2)
- [ ] Medication side effects (3)
- [ ] Substance use (alcohol or other drugs) (4)
- [ ] Mental health issues (depression, anxiety, etc.) (5)
- [ ] Unstable housing (6)
- [ ] Other (7) _____

Page Break

*

G12 Have you heard about the new medications (pills) to treat hepatitis C? (called antivirals or DAAs)

Which of the following are true about them? (Select all that apply)

- [ ] Nothing, never heard of them (1)
- [ ] They can cure hepatitis C (2)
- [ ] They have few side effects (3)
- [ ] They are expensive (4)
- [ ] You can get reinfected after cure (5)

Page Break

End of Block: Section G

Start of Block: Section H

H Note **Now, you will be asked some questions about how you have been feeling recently. Please check whether you would agree with any of the following statements; and if so, how many days in the past week you have experienced each thing mentioned in the question.**

Page Break

H1 During the past week, I was bothered by things that usually don't bother me.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H2 During the past week, I had trouble keeping my mind on what I was doing.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H3 During the past week, I felt depressed.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H4 During the past week, I felt that everything I did was an effort.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H5 During the past week, I felt hopeful about the future.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H6 During the past week, I felt fearful.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H7 During the past week, my sleep was restless.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H8 During the past week, I was happy.

- Rarely or none of the time (less than 1 day a week) (1)
- Some or a little of the time (1-2 days a week) (2)
- Occasionally or a moderate amount of time (3-4 days a week) (3)
- Most or all of the time (5-7 days a week) (4)

Page Break

H9 During the past week, I felt lonely.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H10 During the past week, I could not get "going."

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H11 During the past week, I wished I were dead

- Rarely or none of the time(less than 1 day a week (1)
- Some or a little of the time (1-2 days a week) (2)
- Occasionally or a moderate amount of time (3-4 days a week) (3)
- Most or all of the time (5-7 days a week) (4)

Page Break

H12 During the past week, I wanted to hurt myself

- ○ Rarely or none of the time(less than 1 day a week (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H13 Thinking about the past **2 weeks,** select the choice that best describes you.

- ○ I have not thought about suicide (1)
- ○ I have thought about suicide, but I have not made any plans (2)
- ○ I have thought about suicide and have considered possible ways to do it (3)
- ○ I have thought about suicide and formulated (came up with) a plan (4)

Page Break

H14 In the past **2 weeks,** have you: Cut, burned, scratched or otherwise harmed yourself on purpose (but without intending to kill yourself)?

- ○ Not at all (1)
- ○ Once or twice (2)
- ○ Several times (3)
- ○ Every day or nearly every day (4)

Page Break

H15 In the past **2 weeks,** have you intentionally overdosed, or tried to overdose on purpose?

- ○ No, I did not overdose in the past 2 weeks (1)
- ○ No, I overdosed, but not on purpose (2)
- ○ Yes, I overdosed or tried to overdose on purpose, but I **did not** really want to kill myself (3)
- ○ Yes, I overdosed or tried to overdose on purpose because I **wanted to** kill myself (4)

End of Block: Section H

Start of Block: Section I

I Note

The next set of questions are about feelings or experiences you may have about <u>drug use in general</u>. Please specify how much you agree or disagree with the following statements.

Page Break

I1 People who use drugs lose jobs when employers learn about their drug use.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Page Break

I2 People who use drugs are treated like outcasts (that is, people who do not belong).

- ○ Strongly agree (30)
- ○ Agree (31)
- ○ Neither agree nor disagree (32)
- ○ Disagree (33)
- ○ Strongly disagree (34)

Page Break

I3 Most people believe that people who use drugs cannot be trusted.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I4 Drug use is a sin.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I5 Drug use is a weakness.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I6 Drug users deserve what they get in life.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I Note 1 **The next set of questions are about feelings or experiences you may have about <u>your drug use</u>. Please specify how much you agree or disagree with the following statements.**

Page Break

I7 People avoid me because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I8 People seem afraid of me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I9 People who know that I use drugs tend to ignore my good points.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I10 I feel set apart, isolated from the rest of the world because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I11 People don't want me around their children because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I12 Other people are uncomfortable being around me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I13 I am very careful with whom I tell that I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I14 I usually don't tell my doctors I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I15 Telling someone I use drugs is risky.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I16 Using drugs makes me feel like I'm a bad person.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I17 I feel I'm not as good as others because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I18 Using drugs makes me feel unclean.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I19 I feel guilty because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I20 I feel ashamed for using drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I21 I can hide my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I22 I feel that people can tell that I'm a drug user by looking at me.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I23 People act as if I am a criminal because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I24 Most people think I am dangerous because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I25 My family avoids me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I26 My family is ashamed of me because I use drugs.

- ○ Strongly agree (11)
- ○ Agree (12)
- ○ Neither agree nor disagree (13)
- ○ Disagree (14)
- ○ Strongly disagree (15)

Page Break

I27 Doctors treat me poorly because I am a drug user.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

note The following questions ask about **your drug use history,** this includes any past or current experiences **using** drugs. Please think about each question and pick one answer. The second group of questions asks about how people will treat you **in the future** becasue of your drug use history. The third group of questions are about **your own view** of your drug use.

For each of the following 6 statements, please indicate the following: How often have people treated you this way **in the past** because of your drug use history?

Page Break

I28 Family members have thought that I cannot be trusted.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I29 Family members have looked down on me.

- Never (1)
- Not often (2)
- Somewhat often (3)
- Often (4)
- Very often (5)

Page Break

I30 Family members have treated me differently.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I31 Healthcare workers have not listened to my concerns.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I32 Healthcare workers have thought that I'm pill shopping or trying to con them into giving me prescription medications to get high or sell.

- Never (1)
- Not often (2)
- Somewhat often (3)
- Often (4)
- Very Often (5)

Page Break

I33 Healthcare workers have given me poor care.

- Never (1)
- Not often (2)
- Somewhat often (3)
- Often (4)
- Very often (5)

Page Break

note **For each of the 6 following statements, please indicate the following:** How likely is it that people will treat you in the following ways **in the future** because of your alcohol and/or drug use history?

Page Break

I34 Family members will think that I cannot be trusted.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I35 Family members will look down on me.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I36 Family members will treat me differently.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I37 Healthcare workers will not listen to my concerns.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I38 Healthcare workers will think that I'm pill shopping, or trying to con them into giving me prescription medications to get high or sell.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I39 Healthcare workers will give me poor care.

- ○ Very likely (1)
- ○ Likely (2)
- ○ Neither unlikely nor likely (3)
- ○ Unlikely (4)
- ○ Very unlikely (5)

Page Break

note **For each of the 6 following statements, please indicate the following:** How do **you feel** about **<u>your</u>** drug use history?

Page Break

I40 Having used drugs makes me feel like I'm a bad person.

- ○ Strongly agree (10)
- ○ Agree (11)
- ○ Neither agree nor disagree (12)
- ○ Disagree (13)
- ○ Strongly disagree (14)

Page Break

I41 I feel I'm not as good as others because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I42 I feel ashamed of having used drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I43 I think less of myself because I used alcohol/drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I44 Having used drugs makes me feel unclean.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I45 Having used drugs is disgusting to me.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

End of Block: Section I

Start of Block: Finish Message

FMessage **Thank you for completing the survey. Please locate a nearby study interviewer for submitting your survey.**

Interviewer Code Study Interviewer:

Page Break

End of Block: Finish Message

Ego Follow-up Survey

Start of Block: Interviewer Read

Intro
Interviewer Read

Everything you say here today is confidential and protected using only a unique number and **not your name**. Remember, you may choose not to answer questions that are too personal. Remember, in this interview, there are no right or wrong answers. Again, all your responses are confidential.

If your lab results reveal you may be HIV or hepatitis C positive, you will be referred for case management and treatment.

First, you will be asked some questions about yourself.

End of Block: Interviewer Read

Start of Block: Section A

ATitle **Log In Information**

A1 Participant ID

_____



A2 Today's date:

_____

A3 Interviewer

_____

End of Block: Section A

Start of Block: Section B

BTitle **Demographic Information**

B1 What is your birth date? Enter as MM/DD/YYYY

_____

Page Break

B1A So are you ${e://Field/age} years old?

- Yes (1)
- No (2)

Page Break

B2 What is your current, legal marital status?

- ○ Single, never married (1)
- ○ Divorced (2)
- ○ Separated (3)
- ○ Widowed (4)
- ○ Married or Common Law (5)

Page Break

*

B3 During the last 6 months, did you receive **any** money from any of these sources? (Select all that apply)

- [ ] **Regular job, employed with a regular salary** (full or part time) (1)
- [ ] **Temporary work** (include odd jobs, off-books, temp agency work, etc.) (2)
- [ ] **Self-employed** (in a particular trade or legal hustles) (3)
- [ ] **Panhandling, windshield wiping, recycling scrap metal, or recycling cans for money** (4)
- [ ] **State, Federal Benefits, Welfare, Public Assistance** (Food Stamps, State Public Aid, disability, SSI, unemployment) (5)
- [ ] **A parent, relative, spouse, sexual partner or friend's income** (6)
- [ ] **Theft, robbing, or stealing** (7)
- [ ] **Selling drugs** (8)
- [ ] **Sex for money** (9)
- [ ] **Other** (specify) (10)

_____

Page Break

Display This Question:

If If During the last 6 months, did you receive any money from any of these sources? (Select all that a... q://QID21/SelectedChoicesCount Is Greater Than 1

Carry Forward Selected Choices from "B3"



B3A Where did you get the **most** money from in the last 6 months?

- **Regular job, employed with a regular salary** (full or part time) (1)
- **Temporary work** (include odd jobs, off-books, temp agency work, etc.) (2)
- **Self-employed** (in a particular trade or legal hustles) (3)
- **Panhandling, windshield wiping, recycling scrap metal, or recycling cans for money** (4)
- **State, Federal Benefits, Welfare, Public Assistance** (Food Stamps, State Public Aid, disability, SSI, unemployment) (5)
- **A parent, relative, spouse, sexual partner or friend's income** (6)
- **Theft, robbing, or stealing** (7)
- **Selling drugs** (8)
- **Sex for money** (9)
- **Other** (specify) (10) _____

Page Break

B4 In the last six months, what was your average monthly income from **all of** the sources you listed above?

- ○ Less than $500 (1)
- ○ $500-999 (2)
- ○ $1000-1999 (3)
- ○ $2000-2999 (4)
- ○ More than $3000 (5)
- ○ Don't know (7)

Page Break

B5 In the last 6 months, where are **all** the places that you have lived? (Select all that apply)

- ☐ **Your parents' house/apartment/mobile home** (RV) (1)
- ☐ **Your own house/apartment/mobile home (RV)** (2)
- ☐ **Your spouse's or sexual partner's house/apartment/mobile home** (RV) (3)
- ☐ **Someone else's** (relatives', friends') **house/apartment/mobile home** (RV)**/"couch surfing"** (4)
- ☐ **On the streets** (park, bus shelter, under highway overpass, alleys, rooftops, train station) (11)
- ☐ **Your own car/other vehicle/Public transportation** (bus, train) (6)
- ☐ **Abandoned buildings** (squats, no fixed address) (7)
- ☐ **Shelter, welfare residence** (8)
- ☐ **Jail, Prison, Detention Center, Juvenile Hall** (9)
- ☐ **Residential drug treatment program, Drug detox program, Halfway house** (10)
- ☐ **Rented room** (hotel, motel, boarding house, SRO) (5)
- ☐ **Foster Home** (12)
- ☐ **Other** (specify) (13) _____

Page Break

Display This Question:

If If In the last 6 months, where are all the places that you have lived? (Select all that apply) q://QID24/SelectedChoicesCount Is Greater Than 1

Carry Forward Selected Choices from "B5"

B5A In the past 6 months, where have you lived or slept most of the time?

- ○ **Your parents' house/apartment/mobile home** (RV) (1)
- ○ **Your own house/apartment/mobile home (RV)** (2)
- ○ **Your spouse's or sexual partner's house/apartment/mobile home** (RV) (3)
- ○ **Someone else's** (relatives', friends') **house/apartment/mobile home** (RV)**/"couch surfing"** (4)
- ○ **On the streets** (park, bus shelter, under highway overpass, alleys, rooftops, train station) (5)
- ○ **Your own car/other vehicle/Public transportation** (bus, train) (6)
- ○ **Abandoned buildings** (squats, no fixed address) (7)
- ○ **Shelter, welfare residence** (8)
- ○ **Jail, Prison, Detention Center, Juvenile Hall** (9)
- ○ **Residential drug treatment program, Drug detox program, Halfway house** (10)
- ○ **Rented room** (hotel, motel, boarding house, SRO) (11)
- ○ **Foster Home** (12)
- ○ **Other** (specify) (13) _____

Page Break

B6 Have you been homeless at all in the last six months?
(This includes living on the streets or a shelter for one or more days)

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If B6 = 1



B6A How many days in the past 6 months were you homeless?
If you do not remember the exact number of days, please estimate. For example, 1 month is 30 days, 3 months is 90 days, 6 months is 180 days, etc.

○ Enter number of days (4) _____

Page Break

B7 What is the last grade you finished in school?

- ○ No schooling (1)
- ○ Elementary school (Grade K-8) (2)
- ○ Some high school (Grade 9-11) (3)
- ○ High School or GED (4)
- ○ Some College or Technical training (5)
- ○ College graduate (6)
- ○ Graduate work (7)

Page Break

B8 Have you spent more than 24 hours in jail in the past 6 months?

- ○ Yes (1)
- ○ No (2)

Skip To: B9 If B8 != 1

Page Break

B8A How many times have you been in jail in the past 6 months?
If you do not remember the exact amount of times, please estimate.

_____

Page Break

JS

B8B
When were you released the last time you were in jail?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (1)

Page Break

B9 Have you spent time in prison in the last 6 months?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If B9 = 1

B9A How many times have you been in prison in your **in the past 6 months**?
If you do not remember the exact amount of times, please estimate.

○ Enter a number (4) _____

Page Break

Display This Question:

If B9 = 1

JS

B9B When were you released the last time you were in prison?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (1)

_____

Page Break

Display This Question:

If B8 = 1

Or B9 = 1

B14 What are <u>all of the charges</u> for which you have spent time in a jail or prison **in past 6 months** .

- ☐ Possession - hard drugs (heroin, cocaine, crack/freebase, speedball or other) (1)
- ☐ Possession - non-prescription opioids (2)
- ☐ Possession - other drugs (amphetamines, stimulants, tranquilizers/downers) (3)
- ☐ Possession - marijuana (4)
- ☐ Drug sales - hard drugs (heroin, cocaine, crack) (6)
- ☐ Drug sales - marijuana (5)
- ☐ Alcohol related (DUI, DWI) (7)
- ☐ Violent offense (homicide, robbery, rape, assault) (8)
- ☐ Property offenses (burglary, larceny, auto theft, stolen property) (9)
- ☐ Prostitution (10)
- ☐ Parole/probation violation (14)
- ☐ Bench warrant (15)
- ☐ Other (specify) (11) _____

Page Break

End of Block: Section B

Start of Block: Section C

CTitle **Alcohol and Drug Use History**

C1 Have you drunk alcohol on a weekly basis in the last 6 months?
Alcohol refers to wine, beer, or liquor.

- ○ Yes (1)
- ○ No (2)

Skip To: End of Block If C1 = 2

Page Break



C3 In the past 6 months, how many **days** did you drink alcohol during a **typical week**?

- ○ Enter number of days per week (1) _____
- ○ I have not drank in the last 6 months (2)

Page Break

Display This Question:

If C3 = 1

C4 On a **typical drinking day**, how many drinks do you drink? Let's say that one drink is equal to a 12 oz. bottle of beer, one glass of wine, one shot of hard liquor, or one mixed drink.

- ○ 1 to 2 (1)
- ○ 3 to 5 (2)
- ○ 6 to 8 (3)
- ○ 9 to 11 (4)
- ○ More than 11 (5)

Page Break

End of Block: Section C

Start of Block: Section C continued

C5 In the past 6 months, have you **shot up drugs** in your veins, muscles or skin (skin popping) ?

- Yes (1)
- No (2)

Skip To: C21 If C5 = 2

JS

C6 When was the last time you injected any drugs (either in your veins, your muscles, or skin (skin popping)? Please estimate the month & year:

```
Qualtrics.SurveyEngine.addOnload(function () {   var qid = this.questionId;   var calid = qid + '_cal';   var y = QBuilder('div');   $(y).setStyle({clear:'both'});   var d = QBuilder('div',{className:'yui-skin-sam'},[     QBuilder('div', {id:calid}),     y   ]);      var c = this.questionContainer;   c = $(c).down('.QuestionText');   c.appendChild(d);   var cal1 = new YAHOO.widget.Calendar(calid);    cal1.render();    var input = $('QR~' + qid);   $(input).setStyle({marginTop: '20px',width: '150px'});   var p =$(input).up();   var x = QBuilder('div');   $(x).setStyle({clear:'both'});   p.insert(x,{position:'before'});   cal1.selectEvent.subscribe(function(e,dates){     var date = dates[0][0];     if (date[1] < 10)  date[1] = '0' + date[1];     if (date[2] < 10)         date[2] = '0' + date[2];     input.value = date[1] +'-'+date[2]+'-'+date[0];   }) });
```

Page Break

Instructions Interviewer please read: "In this section, we will be asking about drugs that you have **injected only**. In a following section, we will ask about drugs you have used in any way **other than injecting.**"

C7 Have you **injected** any of these drugs in the last 6 months? (Select all that apply)

- ☐ Heroin by itself (1)
- ☐ Heroin and Cocaine together (Speedball) (2)
- ☐ Powder Cocaine by itself (4)
- ☐ Crack/Rock Cocaine (5)
- ☐ Methamphetamines (Crystal Meth, Crank, Glass, etc.) (6)
- ☐ Amphetamines (speed, uppers) without a prescription (Adderall, Dexedrine, Ritalin, Concerta, etc.) (7)
- ☐ Tranquilizers/Downers/Barbiturates/Benzodiazepines **without a prescription** (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.) (11)
- ☐ Painkillers/Narcotics/other opioids **without a prescription** (Oxycontin, Morphine, Dilaudid, Percocet, Codeine, etc.) (8)
- ☐ Steroids/Hormones (9)
- ☐ Injected any other drug (specify) (10) _____

Page Break

Display This Question:

If C7 = 1

C7A In the past 6 months, how **often** did you inject Heroin by itself?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C7 = 2

C7B In the past 6 months, how often did you inject Heroin and Cocaine together (Speedball)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 4

C7C In the past 6 months, how often did you inject Powder Cocaine by itself?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 5

C7D In the past 6 months, how often did you inject Crack/Rock Cocaine?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 6

C7E In the past 6 months, how often did you inject Methamphetamines (Crystal-Meth, Crank, Glass, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 7

C7F In the past 6 months, how often did you inject Amphetamines (speed, uppers) without a prescription (Adderall, Dexedrine, Ritalin, Concerta, etc.)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C7 = 11

C7G In the past 6 months, how often did you inject Tranquilizers/Downers/Barbiturates/ Benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 8

C7H In the past 6 months, how often did you inject Painkillers, Narcotics, or other opioids without a prescription (Oxycontin, Morphine, Dilaudid, Percocet, Codeine, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C7 = 9

C7I In the past 6 months, how often did you inject Steroids/Hormones?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C7 = 10

C7J In the past 6 months, how often did you inject ${C7/ChoiceTextEntryValue/10}

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Read **This section will ask you about your shooting habits and about syringes that you may have used to shoot-up drugs <u>in the past 6 months.</u> A syringe refers to both the needle and the plunger.**

Page Break

C8 On average, how **often did you shoot up** in the past 6 months?

- ○ Once a month or less (1)
- ○ Two - three days a month (2)
- ○ About once a week (3)
- ○ Two - three days a week (4)
- ○ Four - six days a week (5)
- ○ Everyday (6)

Page Break

C9 On average, how many times would you **inject on a typical day** that you shot up in the past 6 months?

○ Enter a number (4) _____

Page Break

C10 How often did you **shoot-up with other people** in the past 6 months? *This doesn't necessarily mean that you were sharing syringes or equipment, just shooting up at the same time.*

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If C10 != 1

C11 In the past 6 months, **who did you shoot-up with MOST often** when not shooting by yourself?

- ○ Steady sex partner (spouse, boyfriend or girlfriend) (1)
- ○ Other sex partner (someone you don't consider a partner, spouse, or significant other (e.g. someone you hook up with)) (2)
- ○ Running buddy (shooting-partner) (3)
- ○ Friend or acquaintances you don't have sex with (4)
- ○ Parent (mother, father, step-parent) (5)
- ○ Relative (brother, sister, cousin, aunt, uncle) (6)
- ○ Person you don't know (7)
- ○ Drug dealer (8)
- ○ Needle dealer (9)
- ○ Other (specify): (10) _____

Page Break

C12 Look at the picture below. Think about the type of syringe you used most often in the past **6 months.**

C12A Please select the type of syringe you used most often in the past 6 months to inject ANY drug.

- ○ A. 1 mL Needle (the type you would get at a needle exchange) (1)
- ○ B. 3/10 mL Diabetic Needle (2)
- ○ C. Detachable Needle (3)
- ○ Other (please specify) (4) _____
- ○ Don't know (5)

Page Break

C12B For the syringe you just picked from the photo above in the past 6 months, how often do you use this type of syringe for injecting ANY drug?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C12_2 Look at the picture below again. Is there any **OTHER types of syringes** that you have used in the past 6 months? If so, check off which one(s) in the next question.

*

C12C
Please select any **OTHER types of syringes** you used in the past 6 months.

- [ ] A. 1 mL Needle (the type you would get at a needle exchange) (1)
- [ ] B. 3/10 mL Diabetic Needle (2)
- [ ] C. Detachable Needle (3)
- [ ] ⊗ None of the above (4)
- [ ] Other (please specify) (5) _____
- [ ] ⊗ Don't Know (6)

Skip To: C14 If C12C = 4
Skip To: C13 If C12C = 4
Skip To: C13 If C12C = 4

Page Break

C12D How often do you use this type of syringe for injecting ANY drug?

Display This Choice:
If C12C = 1
Display This Choice:
If C12C = 2
Display This Choice:
If C12C = 3
Display This Choice:
If C12C = 5

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	9 (6)
Display This Choice: If C12C = 1 1mL Needle (the type you would get at a needle exchange) (1)	○	○	○	○	○	○
Display This Choice: If C12C = 2 3/10 mL diabetic needle (2)	○	○	○	○	○	○
Display This Choice: If C12C = 3 Detachable needle (3)	○	○	○	○	○	○
Display This Choice: If C12C = 5 ${C12C/ChoiceTextEntryValue/5} (4)	○	○	○	○	○	○

Page Break

C13 In the past 6 months, how often did you buy your own drugs?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C14 In the past 6 months, how often did you use a **NEW, sterile syringe** when you shot up? A NEW, sterile syringe is a syringe never used before by anyone—not EVEN YOU. Usually, a new syringe would come in a wrapper.

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C15 In the past 6 months, when you injected, how often did you use a syringe **used before** ONLY BY you?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C15A In past 6 months, how often did you inject with a syringe **AFTER someone else** has squirted drugs into it from their syringe (backloading)?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

C16 In the past 6 months when you injected drugs, how often did you use any of the following items **with other people**? (*This could be before or after other people used them*)

	Never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Always (5)	Don't Know (6)
Drawn from the same cooker (bottle cap, spoon) (1)	○	○	○	○	○	○
The same cotton (2)	○	○	○	○	○	○
Used the same rinse water (water to clean works) (4)	○	○	○	○	○	○

Page Break

C17 In the past 6 months, when you shot up, how often did you use a syringe that you know for sure **had been used before you** by someone else?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)
- ○ Don't Know (8)
- ○ Refuse to Answer (9)

Skip To: C19 If C17 = 1
Skip To: C19 If C17 = 8
Skip To: C19 If C17 = 9

Page Break

C18 This is a list of ways that people clean SYRINGES before shooting drugs. In the past 6 months when you used a syringe that was USED before you by someone else, how often did you clean it with:

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)
Only water before shooting (1)	○	○	○	○	○
Bleach followed by water (2)	○	○	○	○	○
Rubbing alcohol (3)	○	○	○	○	○
Peroxide (4)	○	○	○	○	○
Boiling Water (5)	○	○	○	○	○
Other: (6)	○	○	○	○	○

Page Break

C18EndNote **Please think about where you get your syringes. You will** NOT **be asked to name anyone or any specific locations. Just a reminder, all the information you reveal will be absolutely confidential.**

Page Break

C19 In past 6 months, how **easy was it for you to get NEW, sterile syringes** when you wanted to shoot drugs?

- ○ Very easy (1)
- ○ Easy (2)
- ○ Somewhat hard (3)
- ○ Very hard (4)
- ○ Impossible (5)
- ○ Never tried (6)

Page Break

Display This Question:

If C19 = 1

Or C19 = 2

Or C19 = 3

Or C19 = 4

C20 In the past 6 months, where did you get **most** of your NEW, UNUSED syringes from?

- ○ Wife, husband, girlfriend, boyfriend, lover, or sex partner (1)
- ○ Family member or a relative (2)
- ○ Friend or an acquaintance (3)
- ○ Pharmacy (4)
- ○ Diabetic or their relative (5)
- ○ Drug dealer (6)
- ○ Needle dealer (7)
- ○ Needle exchange program (NEP) (8)
- ○ Other (specify) (9) _____

Page Break

Read **These next questions will ask you about your experiences with using NON-INJECTING drugs. A *non-injecting* drug is any drug that was not prescribed to you by a doctor and NOT injected in your veins, muscles, or by skin-popping.**

Page Break

C21 Have you **ever** used any of these drugs in any way OTHER THAN injecting in the past 6 months? (Select all that apply)

- [ ] Sniffed or snorted cocaine (1)
- [ ] Smoked heroin by itself (2)
- [ ] Sniffed or snorted heroin (3)
- [ ] Smoked crack/rock cocaine (4)
- [ ] Methamphetamines (crystal-meth, crank, glass, etc.) (5)
- [ ] Used tranquilizers/downers/barbiturates/ benzodiazepines **without a prescription** (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.) (6)
- [ ] Used amphetamines (speed, uppers) **without a prescription** (Adderall, Concerta, Ritalin, etc.) (7)
- [ ] Used painkillers, narcotics or opiates **without a prescription** (OxyContin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.) (15)
- [ ] Used street methadone or suboxone **without a prescription** (not from a program) (8)
- [ ] Smoked marijuana or hash (9)
- [ ] Used inhalants (poppers, nitrous oxide (NO2), sniffing glue, etc.) (10)
- [ ] Used hallucinogens (LSD, ecstasy, mushrooms, peyote, or mescaline, etc.) (11)
- [ ] Used PCP (angel dust, wicket sticks, leaf, wet, etc.) (12)
- [ ] Sniffed or snorted any other drug? (Specify) (13)

_____

- [ ] Smoked any other drug or drug combo? (Specify) (14)

_____

☐ Took orally (by mouth) any other drug or drug combo? (Specify) (16)

_____

☐ ⊗ None of the above (19)

Page Break

Display This Question:

If C21 = 1

C21A During the last 6 months, how often did you sniff or snort Cocaine?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 2

C21B During the last 6 months, how often did you smoke Heroin by itself?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 3

C21C In the past 6 months, how often did you sniff or snort Heroin?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 4

C21D In the past 6 months, how often did you smoke Crack/Rock Cocaine?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C21 = 5

C21E In the past 6 months, how often did you use Methamphetamines (Crystal meth, Crank, Glass, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four -six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 6

C21F In the past 6 months, how often did you use use Tranquilizers/Downers/Barbiturates/ Benzodiazepines without a prescription (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C21 = 6

JS

C21F1 When did you first use these prescription drugs (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, Seconal, etc.)?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C21 = 6

C21F2 How did you obtain these prescription drugs that first time (Valium, Xanax, Klonopin, Ativan, Halcion, Librium, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C21F2 = 1

C21F2A What was the reason you were prescribed these drugs?

- ○ Anxiety/depression (1)
- ○ Panic disorder (5)
- ○ Sleep disorder (6)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C21 = 7

C21G In the past 6 months, how often did you use Amphetamines (speed, uppers) without a prescription (Adderall, Concerta, Ritalin, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 7

JS

C21G1 When did you first use these prescription drugs (Adderall, Concerta, Ritalin, etc.) Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C21 = 7

C21G2 How did you obtain these prescription drugs that first time (Adderall, Concerta, Ritalin, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C21G2 = 1

C21G2A What was the reason you were prescribed these drugs?

- ○ ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder) (1)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C21 = 15

C21H In the past 6 months, how often did you use painkillers, narcotics or opiates without a prescription (Oxycontin, Percocet, Vicodin, Codeine, Fentanyl, Dilaudid, Morphine, etc.)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 15

JS

C21H1 When did you first use these prescription drugs (Dilaudid, Morphine, Oxycontin, Percocet, Vicodin, Codeine, etc.)
Please enter the approximate month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If C21 = 15

C21H2 How did you obtain these prescription drugs that first time (Oxycontin, Percocet, Vicodin, Codeine, Dilaudid, Morphine, etc.)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friend/family member gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C21H2 = 1

C21H2A What was the reason you were prescribed these drugs?

- ○ Work/sports accident or injury (1)
- ○ Chronic pain (2)
- ○ Surgery (3)
- ○ Other (please specify) (4) _____

Page Break

Display This Question:

If C21 = 8

C21I During the last 6 months, how often did you use Street Methadone or Suboxone without a prescription (not from a program)?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 8

JS

C21I1 When did you first use these prescription drugs (Street Methadone or Suboxone) Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (4)

  _____

- ○ Don't know (5)

Page Break

Display This Question:

If C21 = 8

C21I2 How did you obtain prescription drugs that first time (Street Methadone or Suboxone)?

- ○ I was prescribed it by a doctor/nurse/other health provider (1)
- ○ A friends/family members gave it to me (2)
- ○ Stole them from friends/family members (3)
- ○ Bought them off the streets (4)
- ○ Bought them on the internet (5)
- ○ Other (specify) (6) _____

Page Break

Display This Question:

If C21I2 = 1

C21I2A What was the reason you were prescribed these drugs?

- ○ Substance abuse (1)
- ○ Other (please specify) (2) _____

Page Break

Display This Question:

If C21 = 9

C21J In the past 6 months, how often did you smoke Marijuana or Hash?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C21 = 10

C21K In the past 6 months, how often did you use inhalants (Poppers, nitrous oxide (NO2), sniffing glue, etc.)

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C21 = 11

C21L In the past 6 months, how often did you use hallucinogens (LSD, Ecstasy, Mushrooms, Peyote, or Mescaline, etc.)

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

Display This Question:

If C21 = 12

C21M In the past 6 months, how often did you use PCP (Angel dust, wicket sticks, leaf, wet, etc.)

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 13

C21N In the past 6 months, how often did you sniff or snort ${C21/ChoiceTextEntryValue/13}?

- ○ Never (1)
- ○ Once a month or less (2)
- ○ Two - three days a month (3)
- ○ About once a week (4)
- ○ Two - three days a week (5)
- ○ Four - six days a week (6)
- ○ Everyday (7)

Page Break

Display This Question:

If C21 = 14

C21O In the past 6 months, how often did you smoke ${C21/ChoiceTextEntryValue/14}?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Display This Question:

If C21 = 16

C21P In the past 6 months, how often did you take ${C21/ChoiceTextEntryValue/16} orally (by mouth)?

- Never (1)
- Once a month or less (2)
- Two - three days a month (3)
- About once a week (4)
- Two - three days a week (5)
- Four - six days a week (6)
- Everyday (7)

Page Break

End of Block: Section C continued

Start of Block: Section D

DTitle **Drug Treatment and Overdose History**

This section will ask you about programs that you may have participated in to treat drug/alcohol use. These include out-patient, in-patient, residential, detox, or 12-step programs.

Page Break

D1 In the **past 6 months**, have you been in a drug treatment program?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D1 = 1

D2 What kind of drug treatment program(s) have you participated in the past 6 months? (Select all that apply)

- [ ] Drug detoxification (detox) (1)
- [ ] Medication Assisted Treatment (Methadone, Buprenorphine or Suboxone) (2)
- [ ] Narcotics Anonymous (NA) (3)
- [ ] Alcoholics Anonymous (AA) (4)
- [ ] Cocaine treatment program (5)
- [ ] Residential treatment program (6)
- [ ] Other out-patient treatment program (7)
- [ ] Other (Specify) (8) _____

Page Break

Display This Question:

If D2 = 1

JS

D2A2 When did you last participate in a drug detoxification (detox) program? Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Page Break

Display This Question:

If D2 = 2

JS

D2B2 When did you last participate in a Medication Assisted Treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = 3

JS

D2C2 When did you last participate in Narcotics Anonymous (NA) program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = 4

JS

D2D2 When did you last participate in Alcoholics Anonymous (AA) program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Page Break

Display This Question:

If D2 = 5

JS

D2E2 When did you last participate in Cocaine treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = 6

JS

D2F2 When did you last participate in Residential treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = 7

JS

D2G2 When did you last participate in an Other out-patient treatment program?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D2 = 8

JS

D2H2 When did you last participate in ${D2/ChoiceTextEntryValue/8}?
If you do not remember the exact date, please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

Display This Question:

If D1 = 2

D3 There are many reasons people do not participate in drug treatment programs. Please select your **MAIN reason** for not participating in a drug treatment program in the past 6 months.

- ○ Not ready for a program (1)
- ○ Tried to get into a program but was not able to, or on a waiting list (2)
- ○ I don't have a problem with drugs (3)
- ○ Treatment programs don't work for me (4)
- ○ Tried a program before and failed (5)
- ○ Concerned about my family (like losing kids, spouse) (6)
- ○ Can't afford the fees/insurance won't cover it (7)
- ○ Other (specify) (8) _____

Page Break

D4 In the **past 6 months**, have you taken medicines like Methadone, Buprenorphine, Suboxone or Subutex to treat your drug use?

- ○ Yes (1)
- ○ No (2)

Page Break

Note **You will now be asked some questions about your experiences with drug overdose. Overdose means you passed out, turned blue, or stopped breathing from using drugs. It <u>does not</u> include falling asleep or nodding out.**

Page Break

D5 Have you overdosed on heroin, other hard drugs, or painkillers? Overdose means you passed out, turned blue, or stopped breathing from using drugs **IN THE PAST 6 MONTHS**.

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D5 = 1

D6 How many times have you experienced an overdose **IN THE PAST 6 MONTHS**?

○ Enter a number (4) _____

Page Break

Display This Question:

If D5 = 1

JS

D7 What is the date of your **last** overdose?
Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

D8 Has someone ever administered Narcan/Naloxone **TO YOU <u>IN THE PAST 6 MONTHS</u>**? (Narcan/Naloxone is a drug that is usually given to people to reverse an opioid overdose. Sometimes a friend who is trained can administer it)

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If D8 = 1

JS

D9 What date did someone administer Narcan/Naloxone **to you**?

Please estimate the month & year.

○ Enter the date (MM/YYYY) (4)

_____

Page Break

D10 Have **YOU** administered Narcan/Naloxone **TO** anyone **IN THE PAST 6 MONTHS**?
(Narcan/Naloxone is a drug that is usually given to people to reverse an opioid overdose. Sometimes a friend who is trained can administer it)

- ○ Yes (1)
- ○ No (2)

Page Break

D11 Do you know anyone who has died from a drug overdose **IN THE PAST 6 MONTHS**?

- ○ Yes (1)
- ○ No (2)

Page Break

D12 Have you used drugs with Fentanyl in it **IN THE PAST 6 MONTHS**?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Page Break

Display This Question:

If D12 = 1

D13 Did you know beforehand there was Fentanyl in your drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

D14 On a scale of 1-10, how concerned are you about your drugs having Fentanyl in them without your knowledge?
(1 being “not concerned at all” and 10 being “extremely concerned”)

- ○ 1 (0)
- ○ 2 (1)
- ○ 3 (2)
- ○ 4 (3)
- ○ 5 (4)
- ○ 6 (5)
- ○ 7 (6)
- ○ 8 (7)
- ○ 9 (8)
- ○ 10 (9)

Page Break

D15 Have you taken any of these steps to minimize your risk of overdosing on Fentanyl **IN THE PAST 6 MONTHS**? (Select all that apply)

- [ ] Avoid injecting alone (1)
- [ ] Make sure to carry Narcan/Naloxone with you (2)
- [ ] Inject with someone who knows how to administer Narcan/Naloxone in case I overdose (3)
- [ ] Only purchase heroin from a trusted heroin dealer (4)
- [ ] I slowly inject a small amount of my heroin to test its potency before I inject the rest (5)
- [ ] Check to see if the drugs change color when cooked (for example: purple, green, clear) (11)
- [ ] Other (specify) (7) _____
- [ ] None of the above (10)

Page Break

End of Block: Section D

Start of Block: Section E

ETitle **Sexual Behavior/Lifestyle**

The next part of the interview is about sex. It will ask you about your sexual activity in the **past 6 months**. "Sex" includes ***vaginal, oral or anal sex***. "Sex" includes all these types of activities, whether they were paid or unpaid, and whether you wanted to do them or not. Please remember that you can refuse to answer any question.

Page Break

E1 In the past 6 months, how often have had you had sex? Sex meaning, vaginal, anal, or oral sex.

- Never (1)
- Once a month or less (2)
- Two to three times a month (3)
- About once a week (4)
- Two to three days a week (5)
- Four to six days a week (6)
- Everyday (7)

Skip To: End of Block If E1 = 1
Skip To: End of Block If E1 = 8
Skip To: End of Block If E1 = 9

Page Break

E2 In the past 6 months, how many people from each group have you had sex with?
Men : _____ (1)
Women : _____ (2)
Transgender : _____ (3)
Other : _____ (4)
Total : _____

Page Break

ENote1

Now, you will be asked questions regarding your <u>regular sex partner(s)</u> and your <u>casual sex partner(s)</u>.

By “regular sex partner” I mean someone you have sex with and who you feel committed to above anyone else. This is a partner you would call your boyfriend, girlfriend, significant other, life partner, etc.

By "casual sex partner" I mean someone you don't feel committed to, or don't know very well.

Page Break

E3 In the past 6 months, how many of each type of sex partner have you had? You answered ${E2/TotalSum} previously for the gender of your sex partners, so your answers must total this number.
Regular : _____ (1)
Casual : _____ (2)
Total : _____

Page Break

Display This Question:

If E3 [1] > 0

E4 In the past 6 months, how often did you use a condom with your **regular or steady** partner(s) for sex?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If E3 [1] > 0

E5 As far as you know, have any of these **regular or steady** sex partner(s) ever injected drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If E3 [2] > 0

E6 In the past 6 months, how often did you use condoms with these **casual** partner(s) while having sex?

- ○ Never (1)
- ○ Less than half the time (2)
- ○ About half the time (3)
- ○ More than half the time (4)
- ○ Always (5)

Page Break

Display This Question:

If E3 [2] > 0

E7 As far as you know, have any of these **casual** sex partner(s) ever injected drugs?

- ○ Yes (1)
- ○ No (2)

Page Break

E8 During the past 6 months, did **you give anyone** drugs in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E9 During the past 6 months, did **you give anyone** money in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E10 During the past 6 months, did **you receive** drugs in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

E11 During the past 6 months, did **you receive** money in exchange for sex?

- ○ Yes (1)
- ○ No (2)

Page Break

End of Block: Section E

Start of Block: Section F

Note F **Medical History**

Now, you will be asked questions about your medical history. Remember that all the information you provide is confidential.

Page Break

JS

F1 When was your last **HIV** test?
Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (1)

  _____

- ○ Never had an HIV test (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F1 = 1

Or F1 = 3

F1A What was the **HIV** test result?

- ○ Negative (1)
- ○ Positive (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F1A = 2

F1AExit **Please locate a nearby study interviewer now.**

Display This Question:

If F1A = 2

JS

F1AExit1 Study interviewer:

Page Break

End of Block: Section F

Start of Block: Section F continued

JS

F2 When was your last **hepatitis C** test?
Please enter the approximate month & year.

- ○ Enter the date (MM/YYYY) (1)

  _____

- ○ Never had an HCV test (2)
- ○ Don't know (3)

Page Break

Display This Question:

If F2 = 1

Or F2 = 3

F2A What was the **hepatitis C** result?

- ○ Negative (1)
- ○ Positive (2)
- ○ Don't know (3)

Page Break

F3 Have you been told by a health professional that you have any of these sexually-transmitted infections in the last 6 months? (Select all that apply)

- [ ] Gonorrhea (1)
- [ ] Syphilis (Bad blood) (2)
- [ ] Chlamydia (Clap) (3)
- [ ] Genital Herpes (4)
- [ ] Genital warts (5)
- [ ] Trichomoniasis (Trich) (6)
- [ ] PID (Pelvic Inflammatory Disease) [FEMALE PARTICIPANTS ONLY] (7)
- [ ] Other STIs (8) _____
- [ ] None of these (9)

Page Break

End of Block: Section F continued

Start of Block: Section G

Note G **Now, we would like to learn what you know about hepatitis C. Remember that all the information you provide is confidential.**

Page Break

G0 Have you ever been told by a doctor or other health professional that you have hepatitis C?

- Yes (1)
- No (2)
- Don't Know (3)

Skip To: G9 If G0 = 2

G1 In the past 6 months, have you been told FOR THE FIRST TIME by a doctor/nurse/health provider that you have hepatitis C?

- Yes (1)
- No (2)
- Don't know (3)

Page Break

G2 In the past 6 months, have you received medical care for hepatitis C?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (7)

Skip To: G4 If G2 = 1
Skip To: G3 If G2 = 2

Page Break

G3 What are the reasons you have NOT received medical care for hepatitis C in the **last 6 months**? (Select all that apply)

- [ ] I don't have insurance (1)
- [ ] I couldn't afford it (2)
- [ ] I was told I am not sick enough (3)
- [ ] I was told I couldn’t get treatment if I was still using drugs (4)
- [ ] I was denied treatment by my insurance company (5)
- [ ] I didn't have the time (6)
- [ ] I didn't have transportation (7)
- [ ] I was concerned about people finding out I have HCV (8)
- [ ] I was worried about the side effects of the medication (9)
- [ ] My doctor says I don't need medication (10)
- [ ] Other (11) _____

Page Break

G4 Have you taken ANY medications to treat hepatitis C in the last 6 months?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know (3)

Skip To: G9 If G4 = 2

Page Break

G5 Are you currently taking ANY medications to treat hepatitis C?

- ○ Yes (1)
- ○ No (2)

Page Break

G6 Were the medications shots or pills?

- ○ Shots only (1)
- ○ Pills only (oral only) (2)
- ○ Both shots and pills (3)
- ○ Don't know (4)

Page Break

*

G7 What are the names of the hepatitis C medications you have **EVER** taken? (Select all that apply)

- [ ] Harvoni (1)
- [ ] Zepatier (2)
- [ ] Mavyret (3)
- [ ] Sovaldi (4)
- [ ] Daklinza (5)
- [ ] Epclusa (6)
- [ ] Viekira XR (7)
- [ ] Vosevi (8)
- [ ] Interferon (9)
- [ ] Ribavirin (10)
- [ ] Other (11) _____
- [ ] Don't know (12)

Page Break

G8 What are some reasons that might prevent you from taking hepatitis C medications every day? (Select all that apply)

- [ ] Forgetting to take my medication daily (1)
- [ ] Work schedule (2)
- [ ] Medication side effects (3)
- [ ] Substance use (alcohol or other drugs) (4)
- [ ] Mental health issues (depression, anxiety, etc.) (5)
- [ ] Unstable housing (6)
- [ ] Other (7) _____

Page Break

G9 Have you heard about the new medications (pills) to treat hepatitis C? (called antivirals or DAAs)

Which of the following are true about them? (Select all that apply)

- [ ] Nothing, never heard of them (1)
- [ ] They can cure hepatitis C (2)
- [ ] They have few side effects (3)
- [ ] They are expensive (4)
- [ ] You can get reinfected after cure (5)

Page Break

End of Block: Section G

Start of Block: Section H

H Note **Now, you will be asked some questions about how you have been feeling recently. Please check whether you would agree with any of the following statements; and if so, how many days in the past week you have experienced each thing mentioned in the question.**

Page Break

H1 During the past week, I was bothered by things that usually don't bother me.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H2 During the past week, I had trouble keeping my mind on what I was doing.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H3 During the past week, I felt depressed.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H4 During the past week, I felt that everything I did was an effort.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H5 During the past week, I felt hopeful about the future.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H6 During the past week, I felt fearful.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H7 During the past week, my sleep was restless.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H8 During the past week, I was happy.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H9 During the past week, I felt lonely.

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H10 During the past week, I could not get "going."

- ○ Rarely or none of the time (less than 1 day a week) (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H11 During the past week, I wished I were dead

- ○ Rarely or none of the time(less than 1 day a week (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H12 During the past week, I wanted to hurt myself

- ○ Rarely or none of the time(less than 1 day a week (1)
- ○ Some or a little of the time (1-2 days a week) (2)
- ○ Occasionally or a moderate amount of time (3-4 days a week) (3)
- ○ Most or all of the time (5-7 days a week) (4)

Page Break

H13 Thinking about the past **2 weeks,** select the choice that best describes you.

- ○ I have not thought about suicide (1)
- ○ I have thought about suicide, but I have not made any plans (2)
- ○ I have thought about suicide and have considered possible ways to do it (3)
- ○ I have thought about suicide and formulated (came up with) a plan (4)

Page Break

H14 In the past **2 weeks,** have you: Cut, burned, scratched or otherwise harmed yourself on purpose (but without intending to kill yourself)?

- ○ Not at all (1)
- ○ Once or twice (2)
- ○ Several times (3)
- ○ Every day or nearly every day (4)

Page Break

H15 In the past **2 weeks,** have you intentionally overdosed, or tried to overdose on purpose?

- ○ No, I did not overdose in the past 2 weeks (1)
- ○ No, I overdosed, but not on purpose (2)
- ○ Yes, I overdosed or tried to overdose on purpose, but I **did not** really want to kill myself (3)
- ○ Yes, I overdosed or tried to overdose on purpose because I **wanted to** kill myself (4)

End of Block: Section H

Start of Block: Section I

I Note

The next set of questions are about feelings or experiences you may have about <u>drug use in general</u>. Please specify how much you agree or disagree with the following statements.

Page Break

I1 People who use drugs lose jobs when employers learn about their drug use.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Page Break

I2 People who use drugs are treated like outcasts (that is, people who do not belong).

- ○ Strongly agree (30)
- ○ Agree (31)
- ○ Neither agree nor disagree (32)
- ○ Disagree (33)
- ○ Strongly disagree (34)

Page Break

I3 Most people believe that people who use drugs cannot be trusted.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I4 Drug use is a sin.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I5 Drug use is a weakness.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I6 Drug users deserve what they get in life.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I Note 1 **The next set of questions are about feelings or experiences you may have about <u>your drug use</u>. Please specify how much you agree or disagree with the following statements.**

Page Break

I7 People avoid me because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I8 People seem afraid of me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I9 People who know that I use drugs tend to ignore my good points.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I10 I feel set apart, isolated from the rest of the world because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I11 People don't want me around their children because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I12 Other people are uncomfortable being around me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I13 I am very careful with whom I tell that I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I14 I usually don't tell my doctors I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I15 Telling someone I use drugs is risky.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I16 Using drugs makes me feel like I'm a bad person.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I17 I feel I'm not as good as others because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I18 Using drugs makes me feel unclean.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I19 I feel guilty because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I20 I feel ashamed for using drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I21 I can hide my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I22 I feel that people can tell that I'm a drug user by looking at me.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I23 People act as if I am a criminal because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I24 Most people think I am dangerous because of my drug use.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I25 My family avoids me because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I26 My family is ashamed of me because I use drugs.

- ○ Strongly agree (11)
- ○ Agree (12)
- ○ Neither agree nor disagree (13)
- ○ Disagree (14)
- ○ Strongly disagree (15)

Page Break

I27 Doctors treat me poorly because I am a drug user.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

note The following questions ask about **your drug use history,** this includes any past or current experiences **using** drugs. Please think about each question and pick one answer. The second group of questions asks about how people will treat you **in the future** becasue of your drug use history. The third group of questions are about **your own view** of your drug use.

For each of the following 6 statements, please indicate the following: How often have people treated you this way **in the past** because of your drug use history?

Page Break

I28 Family members have thought that I cannot be trusted.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I29 Family members have looked down on me.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I30 Family members have treated me differently.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I31 Healthcare workers have not listened to my concerns.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

I32 Healthcare workers have thought that I'm pill shopping or trying to con them into giving me prescription medications to get high or sell.

- Never (1)
- Not often (2)
- Somewhat often (3)
- Often (4)
- Very Often (5)

Page Break

I33 Healthcare workers have given me poor care.

- ○ Never (1)
- ○ Not often (2)
- ○ Somewhat often (3)
- ○ Often (4)
- ○ Very often (5)

Page Break

note **For each of the 6 following statements, please indicate the following:** How likely is it that people will treat you in the following ways **in the future** because of your alcohol and/or drug use history?

Page Break

I34 Family members will think that I cannot be trusted.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I35 Family members will look down on me.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I36 Family members will treat me differently.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I37 Healthcare workers will not listen to my concerns.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I38 Healthcare workers will think that I'm pill shopping, or trying to con them into giving me prescription medications to get high or sell.

- ○ Very likely (7)
- ○ Likely (8)
- ○ Neither unlikely nor likely (9)
- ○ Unlikely (10)
- ○ Very unlikely (11)

Page Break

I39 Healthcare workers will give me poor care.

- ○ Very likely (1)
- ○ Likely (2)
- ○ Neither unlikely nor likely (3)
- ○ Unlikely (4)
- ○ Very unlikely (5)

Page Break

note **For each of the 6 following statements, please indicate the following:** How do **you feel** about **<u>your</u>** drug use history?

Page Break

I40 Having used drugs makes me feel like I'm a bad person.

- ○ Strongly agree (10)
- ○ Agree (11)
- ○ Neither agree nor disagree (12)
- ○ Disagree (13)
- ○ Strongly disagree (14)

Page Break

I41 I feel I'm not as good as others because I use drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I42 I feel ashamed of having used drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I43 I think less of myself because I used alcohol/drugs.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I44 Having used drugs makes me feel unclean.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

Page Break

I45 Having used drugs is disgusting to me.

- ○ Strongly agree (9)
- ○ Agree (10)
- ○ Neither agree nor disagree (11)
- ○ Disagree (12)
- ○ Strongly disagree (13)

End of Block: Section I

Start of Block: Finish Message

FMessage **Thank you for completing the survey. Please locate a nearby study interviewer for submitting your survey.**



Interviewer Code Study Interviewer:

Page Break

End of Block: Finish Message