FOLLOW-UP

[ID1] ID NUMBER: ☐☐☐☐☐☐

[ID2] INTERVIEWER INITIALS: ☐☐

[ID3] DATE OF INTERVIEW: ☐☐ / ☐☐ / ☐☐ (day/month/year)

[ID5] C&C In-patient ☐ (Code 1)

C&C Out-patient ☐ (Code 2)

Puspen participant ☐ (Code 3)

DRUG USE

Interviewer Read: *I am now going to ask you detailed questions about different drugs you may have used and how you used these drugs. If you are unsure of the exact number of times you have used a drug, please give your best guess.*

		[a] Have you ever used: (if NO, skip to next drug)	*[b] How many years have you used:*	*[d] In the past 30 days, how many days did you use:*	*[c] In the past 30 daysC, how many days did you inject:*
[DU01]	Alcohol	☐No ☐Yes	☐☐ years	☐☐ days	
[DU02]	Heroin	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU03]	Morphine	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU04]	Methadone	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU05]	Suboxone or Subutex	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU05 A]	Opium, codeine, pethadine	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU06]	Benzos; Dormi, somise, clona, apoten, valium, xanax, stilnos, eramin	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU07]	Syabu, Meth, Ice	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU08]	Ecstasy, MDMA,	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU09]	Pil Kuda	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days
[DU11]	Cannabis	☐No ☐Yes			
[DU12]	Ketamine (Vitamin K)	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days

[DU13]	More than one substance in the same day (including alcohol)	☐No ☐Yes	☐☐ years	☐☐ days	☐☐ days

[DU14] In the 30 days before you began taking methadone at the C&C, what other drugs did you inject that are NOT listed above?

☐ 0 None

[DU14A] 1 _____

[DU14B] 2 _____

[DU14C] 3 _____

[DU14D] 4 _____

[DU15] What is your drug of choice?

☐ 1 Alcohol
☐ 2 Heroin
☐ 3 Methadone
☐ 4 Suboxone
☐ 5 Subutex
☐ 6 Morphine
☐ 7 Opium
☐ 9 Syabu, Meth, Ice
☐ 8 Benzos; Dormi, somise, clona, apoten, xanax valium, stilnos, eramin
☐ 10 Ecstasy, MDMA, Pil Kuda
☐ 11 Ketamine (Vitamin K)
☐ 13 Cannabis
☐ 14 Codeine, pethadine, other opiate analgesics
☐ 88 Other: [DU3A] _____

OPIOID CRAVING SCALE

SKIP to next section if assessed to be opioid dependent by the Rapid Opioid Dependency Scale

[CS01] At this moment, how much do you crave opioids (e.g. heroin, pain killers) on a scale of 0 to 10? With 0 being "no craving whatsoever" and 10 being "I think about it all the time?"

00	No craving whatsoever
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	I think about it all the time
98	Refuse to Answer

MOTIVATION - (SOCRATES 8D)

***(INTERVIEWER:** The following questions are about your feelings related to your drug use.*

***INTERVIEWER READ: "**Please listen to the following statements carefully. Each one describes a way that you might (or might not) feel about your drug use. For each statement, pick one number from 1 to 5, to indicate how much you agree or disagree with it right now. Please pick one and only one number for every statement."*

"Please choose from the following options: 1–"No!;Strongly Disagree", 2–"No;Disagree", 3–"?;Undecided or Unsure", 4–"Yes; Agree", 5–"Yes!; Strongly Agree". You may refer to the cue card when answering each question."

	NO! Strongly Disagree 1	**No** Disagree 2	**?** Undecided or Unsure 3	**Yes** Agree 4	**YES!** Strongly Agree 5
[SO1] I really want to make changes in my use of drugs.	☐	☐	☐	☐	☐
[SO2] Sometimes I wonder if I am an addict.	☐	☐	☐	☐	☐
[SO3] If I don't change my drug use soon, my problems are going to get worse.	☐	☐	☐	☐	☐
[SO4] I have already started making some changes in my use of drugs.	☐	☐	☐	☐	☐
[SO5] I was using drugs too much at one time, but I've managed to change that.	☐	☐	☐	☐	☐
[SO6] Sometimes I wonder if my drug use is hurting other people.	☐	☐	☐	☐	☐
[SO7] I have a drug problem.	☐	☐	☐	☐	☐
[SO8] I'm not just thinking about changing my drug use, I'm already doing something about it.	☐	☐	☐	☐	☐
[SO9] I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	☐	☐	☐	☐	☐
[SO10] I have serious problems with drugs.	☐	☐	☐	☐	☐
[SO11] Sometimes I wonder if I am in control of my drug use.	☐	☐	☐	☐	☐
[SO12] My drug use is causing a lot of harm.	☐	☐	☐	☐	☐
[SO13] I am actively doing things now to cut down or stop my use of drugs.	☐	☐	☐	☐	☐
[SO14] I want help to keep from going back to the drug problems that I had before.	☐	☐	☐	☐	☐
[SO15] I know that I have a drug problem.	☐	☐	☐	☐	☐
[SO16] There are times when I wonder if I use drugs too much.	☐	☐	☐	☐	☐
[SO17] I am a drug addict.	☐	☐	☐	☐	☐
[SO18] I am working hard to change my drug use.	☐	☐	☐	☐	☐

[SO19] I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	□	□	□	□	□
Reference: Miller, WR.,Tonigan, JS. "Assessing drinkers' motivations for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)." Psychology of Addictive Behaviors. Vol 10(2), Jun 1996, 81-89.					

DRUG TREATMENT

Interviewer Read: *Now I will ask you about your experiences with different treatments for drug addiction. When I ask you about experiences with methadone, suboxone or subutex treatment, by treatment I am referring to receiving these medications from a physician or medical professional on a regular basis and taking these medications orally to treat addiction. When I say treatment, I do NOT mean using methadone, suboxone or subutex once in awhile or receiving methadone, suboxone or subutex for detox.*

[DT01B] Are you currently being given Suboxone or Subutex by a medical professional as a treatment for addiction to opioids (e.g. heroin, morphine)?

- ☐ 0 No **If no, SKIP to DT02**
- ☐ 1 Yes

[DT01C] What is your current prescribed dosage of suboxone or subutex (in milligrams)?

☐☐☐ milligrams

☐ Don't know

[DT01D] Where do you go to get your suboxone or subutex?

- ☐ 1 Private doctor's office
- ☐ 2 Government clinic
- ☐ 3 Other [DT01D2]: _____

[DT01E] Have you missed any of your suboxone or subutex doses in the past 30 days?

- ☐ 0 No
- ☐ 1 Yes

[DT02F] Do you feel your current dosage of suboxone or subutex should be lower, higher or is just right:

☐ 0 Lower ☐ 1 Higher ☐ 1 Dose is just right

[DT01G] How well does suboxone or subutex work for you to reduce your opiate use? Very well, moderately well, not very well, or not at all?

- ☐ 1 Very well
- ☐ 2 Moderately well
- ☐ 3 Not very well

☐ 4 Not at all

[DT01H] How well does suboxone or subutex treatment improve the quality of your life? Very well, moderately well, not very well, or not at all?

☐ 1 Very well
☐ 2 Moderately well
☐ 3 Not very well
☐ 4 Not at all

[DT01I] How well does suboxone or subutex treatment improve the quality of your relationships with your family and friends? Very well, moderately well, not very well, or not at all?

☐ 1 Very well
☐ 2 Moderately well
☐ 3 Not very well
☐ 4 Not at all

[DT01J] Overall, how satisfied are you with suboxone or subutex treatment? Not satisfied at all, not very satisfied, somewhat satisfied or very satisfied?

☐ 1 Not satisfied at all
☐ 2 Not very satisfied
☐ 3 Somewhat satisfied
☐ 4 Very satisfied

[DT01K] In the last 30 days, did you ever miss an appointment to get your suboxone or subutex out of fear of the police?

☐ 0 No
☐ 1 Yes

[DT01L] In the last 30 days, were you harassed by police outside of a clinic where you receive suboxone or subutex?

☐ 0 No
☐ 1 Yes

[DT01M] In the last 30 days, was your suboxone or subutex ever taken from you by the police?

☐ 0 No
☐ 1 Yes

[DT01M] In the last 30 days, has the police ever taken your money outside of a clinic where you go to receive suboxone or subutex TREATMENT?

☐ 0 No

[DT02B] Are you currently being given methadone by a medical professional as a treatment for addiction to opioids (e.g. heroin, morphine)?

☐ 0 No

☐ 1 Yes

If DT02B is equal to 0, Skip to NEXT SECTION

[DT02C] What is your current prescribed dosage of methadone (in milligrams)?

☐☐☐ milligrams

☐ Don't know

[DT02D] Where do you go to get your methadone?

☐ 1 Private doctor's office

☐ 2 Cure & Care Sungaibesi

☐ 3 Another Cure & Care Center

☐ 4 Another government methadone clinic

☐ 5 Other [DT02D2]: _____

[DT02E] Have you missed any of your methadone doses in the past 30 days?

☐ 0 No

☐ 1 Yes

[DT02F] Do you feel your current dosage of suboxone or subutex should be lower, higher or is just right:

☐ 0 Lower ☐ 1 Higher ☐ 1 Dose is just right

[DT02G] How well does methadone work for you to reduce your opiate use? Very well, moderately well, not very well, or not at all?

☐ 1 Very well

☐ 2 Moderately well

☐ 3 Not very well

☐ 4 Not at all

[DT02H] How well does methadone treatment improve the quality of your life? Very well, moderately well, not very well, or not at all?

☐ 1 Very well

☐ 2 Moderately well

☐ 3 Not very well

☐ 4 Not at all

[DT02I] How well does methadone treatment improve the quality of your relationships with your family and friends? Very well, moderately well, not very well, or not at all?

☐ 1 Very well

☐ 2 Moderately well

☐ 3 Not very well

☐ 4 Not at all

[DT02J] Overall, how satisfied are you with the methadone treatment? Not satisfied at all, not very satisfied, somewhat satisfied or very satisfied?

☐ 1 Not satisfied at all

☐ 2 Not very satisfied

☐ 3 Somewhat satisfied

☐ 4 Very satisfied

[DT02K] In the last 30 days, did you ever miss an appointment to get your methadone out of fear of the police?

☐ 0 No

☐ 1 Yes

[DT02L] In the last 30 days, were you harassed by police outside of a clinic where you receive methadone?

☐ 0 No

☐ 1 Yes

[DT02M] In the last 30 days, was your methadone ever taken from you by the police?

☐ 0 No

☐ 1 Yes

[DT02N] In the last 30 days, has the police ever taken your money outside of a clinic where you go to receive methadone?

☐ 0 No

WHO QUALITY OF LIFE (WHOQOL) - BREF

Interviewer Read: I am now going to ask you a number of questions about your overall health and some specific questions related to past 30 days. Please listen to each question carefully and select the one best response to each question regarding your health.

[QL01] **In past 30 days,** how would you rate your quality of life

- ☐ 1 Very poor
- ☐ 2 Poor
- ☐ 3 Neither poor nor good
- ☐ 4 Good
- ☐ 5 Very good

[QL02] **In past 30 days,** how satisfied were you with your health?

- ☐ 1 Very poor
- ☐ 2 Poor
- ☐ 3 Neither poor nor good
- ☐ 4 Good
- ☐ 5 Very good

The following questions ask about how much you have experienced certain things in the past 30 days.

[QL03] **In the past 30 days,** to what extent did you feel that physical pain prevents you from doing what you need to do?

- ☐ 5 Not at all
- ☐ 4 A little
- ☐ 3 A moderate amount
- ☐ 2 Very much
- ☐ 1 An extreme amount

[QL04] **In the past 30 days,** how much did you need any medical treatment to function in your daily life?

- ☐ 5 Not at all

- ☐ 4 A little
- ☐ 3 A moderate amount
- ☐ 2 Very much
- ☐ 1 An extreme amount

[QL05] **In the past 30 days,** how much did you enjoy life?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 A moderate amount
- ☐ 4 Very much
- ☐ 5 An extreme amount

[QL06] **In the past 30 days,** to what extent did you feel your life to be meaningful?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 A moderate amount
- ☐ 4 Very much
- ☐ 5 An extreme amount

[QL07] **In the past 30 days,** how well were you able to concentrate?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 A moderate amount
- ☐ 4 Very much
- ☐ 5 Extremely

[QL08] **In the past 30 days,** how safe did you feel in your daily life?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 A moderate amount
- ☐ 4 Very much

☐ 5 Extremely

[QL09] **In the past 30 days,** how healthy was your physical environment?

☐ 1 Not at all
☐ 2 A little
☐ 3 A moderate amount
☐ 4 Very much
☐ 5 Extremely

The following questions ask about how completely you experience or were able to do certain things in the past 30 days

[QL10] **In the past 30 days,** did you have enough energy for everyday life?

☐ 1 Not at all
☐ 2 A little
☐ 3 Moderately
☐ 4 Mostly
☐ 5 Completely

[QL11] **In the past 30 days,** were you able to accept your bodily appearance?

☐ 1 Not at all
☐ 2 A little
☐ 3 Moderately
☐ 4 Mostly
☐ 5 Completely

[QL12] **In the past 30 days,** did you have enough money to meet your needs?

☐ 1 Not at all
☐ 2 A little
☐ 3 Moderately
☐ 4 Mostly
☐ 5 Completely

[QL13] **In the past 30 days,** how available to you was the information that you

need in your day to day life?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 Moderately
- ☐ 4 Mostly
- ☐ 5 Completely

[QL14] **In the past 30 days,** to what extent did you have the opportunity for leisure activities?

- ☐ 1 Not at all
- ☐ 2 A little
- ☐ 3 Moderately
- ☐ 4 Mostly
- ☐ 5 Completely

[QL15] **In the past 30 days,** how well were you able to get around?

- ☐ 1 Very poor
- ☐ 2 Poor
- ☐ 3 Neither poor nor good
- ☐ 4 Good
- ☐ 5 Very good

[QL16] **In the 30 days before you began taking methadone at the C&C,** how satisfied were you with your sleep?

- ☐ 1 Very dissatisfied
- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied
- ☐ 5 Very satisfied

[QL17] **In the past 30 days,** how satisfied were you with your ability to perform your daily living activities?

- ☐ 1 Very dissatisfied

- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied
- ☐ 5 Very satisfied

[QL18] **In the past 30 days,** how satisfied were you with your capacity for work?

- ☐ 1 Very dissatisfied
- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied
- ☐ 5 Very satisfied

[QL19] **In the past 30 days,** how satisfied were you with yourself?

- ☐ 1 Very dissatisfied
- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied
- ☐ 5 Very satisfied

[QL20] **In the past 30 days,** how satisfied were you with your personal relationships?

- ☐ 1 Very dissatisfied
- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied
- ☐ 5 Very satisfied

[QL21] **In the past 30 days,** how satisfied were you with your sex life?

- ☐ 1 Very dissatisfied
- ☐ 2 Dissatisfied
- ☐ 3 Neither dissatisfied nor satisfied
- ☐ 4 Satisfied

☐ 5 Very satisfied

[QL22] **In the past 30 days,** how satisfied were you with the support you get from your friends?

☐ 1 Very dissatisfied
☐ 2 Dissatisfied
☐ 3 Neither dissatisfied nor satisfied
☐ 4 Satisfied
☐ 5 Very satisfied

[QL23] **In the past 30 days,** how satisfied were you with the conditions of your living place?

☐ 1 Very dissatisfied
☐ 2 Dissatisfied
☐ 3 Neither dissatisfied nor satisfied
☐ 4 Satisfied
☐ 5 Very satisfied

[QL24] **In the past 30 days,** how satisfied were you with your access to health services?

☐ 1 Very dissatisfied
☐ 2 Dissatisfied
☐ 3 Neither dissatisfied nor satisfied
☐ 4 Satisfied
☐ 5 Very satisfied

[QL25] **In the past 30 days,** how satisfied were you with your transport?

☐ 1 Very dissatisfied
☐ 2 Dissatisfied
☐ 3 Neither dissatisfied nor satisfied
☐ 4 Satisfied
☐ 5 Very satisfied

The following question refers to how often you have felt or experienced certain things in the past 30 days.

[QL26] **In the past 30 days,** how often did you have negative feelings such as blue mood, despair, anxiety, depression?

- ☐ 1 Never
- ☐ 2 Seldom
- ☐ 3 Quite often
- ☐ 4 Very often
- ☐ 5 Always

HEALTH OUTCOMES

[HE01] **In the past 30 days**, did you go to an emergency room or to the hospital for an urgent care visit?

- ☐ 0 No **[If No, SKIP to HE02]**
- ☐ 1 Yes

[HE01A] How many times **in the past 30 days** did go to an emergency room or to the hospital for an urgent care visit?

__ __ __
times

[HE04] Have you ever been diagnosed with HIV (i.e. told by a doctor or medical professional you have HIV)?

- ☐ 0 No **[If No, SKIP to HE12]**
- ☐ 1 Yes

[HE06] In the past 30 days, have you seen a doctor or nurse about your HIV?

- ☐ 0 No **[If No, SKIP to HE12]**

☐ 1 Yes

[HE06A] When was the last time you saw a doctor or nurse about your HIV?

(MM/YY) ___ ___/___ ___

[HE07] In the past 30 days, **have you been denied care or services by doctors, nurses or other medical staff because you were HIV-positive?**

☐ 0 No

☐ 1 Yes

[HE07A] In the past 30 days, **have you felt judged or treated poorly by doctors, nurses or other medical staff because you were HIV-positive?**

☐ 0 No

☐ 1 Yes

[HE07B] In the past 30 days, **have you not returned to a clinic or hospital because you felt judged or were treated poorly by doctors, nurses or other medical staff?**

☐ 0 No

☐ 1 Yes

[HE08] In the past 30 days, have you received a CD4 T cell test?

☐ 0 No **[If No, SKIP to HE11]**

☐ 1 Yes

[HE09] When was the last time you received a CD4 T cell test?

(MM/YY) ___ ___/___ ___

[HE10] What was your CD4 T cell count from your most recent CD4 T cell test?

My CD4 T cell count was: ___ ___ ___ ___

☐ 10000 I did not receive my CD4 T cell test results

☐ 20000 I do not remember my test results at all

[HE11] In the past 30 days, have you been told by a doctor or other medical professional that you need to begin taking medications for HIV?

- ☐ 0 No **[If No, SKIP to HE13]**
- ☐ 1 Yes

[HE12] In the past 30 days, have you been taking HIV medications?

- ☐ 0 No **[If No, SKIP to HE14]**
- ☐ 1 Yes

[HE11A] If you are currently taking HIV medications, in the past seven days, usually how much of your medications did you take every day?

- ☐ 0 Some of my medications
- ☐ 1 Most of my medications
- ☐ 2 All of my medications

[HE13] In the past 30 days, did you ever stop taking your HIV medications because you could not afford them?

- ☐ 0 No
- ☐ 1 Yes

[HE13A] In the past 30 days, did you ever stop taking your HIV medications because you were not able to go the hospital or clinic?

- ☐ 0 No
- ☐ 1 Yes

[HE13B] In the past 30 days, did you ever stop taking your HIV medications because you felt judged or were treated poorly by doctors, nurses or medical staff and did not want to return to the hospital or clinic?

- ☐ 0 No
- ☐ 1 Yes

[HE13C] In the past 30 days, did you ever stop taking your HIV medications because you were afraid of someone close to you (family, friends, spouses) finding out that you have HIV?

☐ 0 No

☐ 1 Yes

[HE14] In the past 30 days, did you ever experience a drug overdose? (taking so much you stopped breathing, or blacked out, or started experiencing convulsions)

☐ 0 No **[If No, SKIP to NEXT SECTION]**

☐ 1 Yes

SOCIAL SUPPORT SCALE

Interviewer Read: *The next questions are about social support. I will now read to you different statements and I will ask you how you feel about each statement. I will ask you if you very strongly disagree with the statement, strongly disagree with the statement, mildly disagree with the statement, feel neutral about the statement, mildly agree with the statement, or strongly agree with the statement. The following questions pertain to the past 30 days.*

		Very Strongly Disagree (1)	Strongly Disagree (2)	Mildly Disagree (3)	Neutral (4)	Mildly Agree (5)	Strongly Agree (6)	
[SS01]	There is a special person who is around when I am in need.	☐	☐	☐	☐	☐	☐	SO
[SS02]	There is a special person with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	SO
[SS03]	My family really tries to help me.	☐	☐	☐	☐	☐	☐	Fam
[SS04]	I get the emotional help and support I need from my family.	☐	☐	☐	☐	☐	☐	Fam
[SS05]	I have a special person who is a real source of comfort to me.	☐	☐	☐	☐	☐	☐	SO
[SS06]	My friends really try to help me.	☐	☐	☐	☐	☐	☐	Fri
[SS07]	I can count on my friends when things go wrong.	☐	☐	☐	☐	☐	☐	Fri
[SS08]	I can talk about my problems with my family.	☐	☐	☐	☐	☐	☐	Fam
[SS09]	I have friends with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	Fri
[SS10]	There is a special person in my life who cares about my feelings.	☐	☐	☐	☐	☐	☐	SO
[SS11]	My family is willing to help me make decisions.	☐	☐	☐	☐	☐	☐	Fam
[SS12]	I can talk about my problems with my friends.	☐	☐	☐	☐	☐	☐	Fri

Canty-Mitchell, J. & Zimet, G.D. (2000). Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *American Journal of Community Psychology*, *28*, 391-400. Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*, 30-41. Zimet, G.D., Powell, S.S., Farley, G.K., Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *55*, 610-17.

[SS13] *In the past 30 days,* did anyone in your family visit you? ☐ 0 No ☐ 1 Yes

RISK BEHAVIORS

Interviewer Read: *I'm going to ask you a number of questions about your drug use and sexual activity before you began taking methadone at the C&C. We will not be sharing this information with anyone, so please do your best to answer honestly.*

[RBD3] In the past 30 days, how many days did you inject any kind of drug? Please make your best guess.

☐☐ days

[RBD4] On the days you injected, how many times did you usually inject per day? Please make your best guess.

☐☐ injections per day

[RBD5] Based on the above estimates, how many times do you think you injected in total in the past 30 days?

☐☐☐ times

[RBD6] You have told me that in the past 30 days you injected ***_[RB5]___*** times. Approximately how many of those times did you pull the drugs into your syringe from a container other people were also using?

☐☐☐ times

[RBD7] Approximately how many of those ***_[RB5]_*** times did you use a **NEEDLE** that you know had been previously used by someone else?

☐☐☐ times

[RBD7A] Approximately how many of those ***_[RB5]_*** times did you use a **NEEDLE and then pass it to someone else?**

☐☐☐ times

[RBD8] Approximately how many of those ***_[RB5]_*** times did you use a **SYRINGE** that you know had been previously used by someone else?

☐☐☐ times

[RBD8A] Approximately how many of those ***_[RB5]_*** times did you use a **SYRINGE and then pass it to someone else?**

☐☐☐ times

[RBD9] Approximately how many of those ***_[RB5]_*** times were with a new, unused needle **and** syringe?

☐☐☐ times

[RBD10] In the past 30 days, how many different people did you inject with?

☐☐☐ different people **(IF 0, SKIP TO RB11)**

[RBD11] You mentioned that you injected with ***__[RB9]__*** different people. With how many of these people did you share a needle **or** syringe?

☐☐☐ different people

In the past 30 days, did you inject with any of the following types of partners? **(Interviewer: Check all that apply)**

[RBD11A]	Spouse or Committed Partner	☐
[RBD11B]	Casual Sexual Partner	☐
[RBD11C]	Family or Relatives	☐

[RBD11D]	Friends or Acquaintances	☐
[RBD11E]	Drug Dealers	☐
[RBD11F]	Strangers	☐

[RBD12] In the past 30 days, how many times would you usually use a **NEEDLE** before discarding it?

☐☐☐ times

[RBD13] In the past 30 days, how many times would you usually use a **SYRINGE** before discarding it?

☐☐☐ times

[RBD14] In the past 30 days, where did you get MOST of your needles and syringes from?

☐ 1 Other drug users
☐ 2 NSEP
☐ 3 Pharmacy
☐ 4 GP Clinic or Health Clinic
☐ 88 Other

[RBD14A] Did you receive any needles or syringes from an NSEP in the past 30 days?

☐ 0 No [If No, skip to RBD15]

☐ 1 Yes

[RBD14B] What percentage of your needles and syringes came from an NSEP in the past 30 days?

☐☐%

[RBD15] In the past 30 days, were you harassed by police for reasons related to drug use?

☐ 0 No

☐ 1 Yes

[RBD16] In the past 30 days, did you rush an injection due to fear of police?

☐ 0 No

☐ 1 Yes

[RBD17] In the past 30 days, did you use injection equipment others had already used because you felt uncomfortable carrying your own injection equipment?

☐ 0 No

☐ 1 Yes

[RBD18] In the past 30 days, did you have any clean needles or syringes confiscated by the police?

☐ 0 No

☐ 1 Yes

[RBS1A] In the past 30 days, were you sexually active (any sexual intercourse at all)?

☐ 0 No (If No, Skip to next section)

☐ 1 Yes

[RBS1B] In the past 30 days, how many different partners did you have unprotected sex with? By unprotected sex, I mean anal or vaginal sex with no condom. Please try to be honest. This survey is confidential.

☐☐☐ different partners (**IF 0, SKIP TO NEXT SECTION)**

[RBS2] How many of these partners did you know were HIV-positive?

☐☐☐ different partners

[RBS3] How many of these partners did you think were HIV-negative or a partner whose HIV status you were unsure of?

☐☐☐ different partners

[RBS4] How many of these partners were women?

☐☐☐ different women

[RBS5] How many of these partners were men?

☐☐☐ different men

[RBS6] In the past 30 days, about how many times did you have unprotected sex? By unprotected sex I mean anal or vaginal intercourse with no condom. Please try to be honest.

☐☐☐ times

[RBS7] How many of these times do you know were with an HIV-positive

person?

☐☐☐ times

[RBS8] How many of these times do you think were with an HIV-negative person or person with unknown HIV status?

☐☐☐ times

[RBS9] How many of these times were with your primary partner? (spouse/girlfriend/boyfriend)

☐☐☐ times

[RBS10] How many of these times were with a partner you had paid for sex?

☐☐☐ times

[RBS11] How many of these times were with a partner who paid you money or gave you drugs in exchange for sex?

☐☐☐ times

[RBS12] How many of these times were you under the influence of alcohol or drugs?

☐☐☐ times

DEMOGRAPHIC CHARACTERISTICS

[DM3] What is the highest level of education that you have completed?

- ☐ 1 No formal education
- ☐ 2 Completed primary
- ☐ 3 Completed Form 3 (Lower Secondary)
- ☐ 4 Completed Form 5 (Higher Secondary)
- ☐ 5 Completed Form 6 (Pre-College)
- ☐ 6 Completed university/tertiary level

[DM4] What is your marital status?

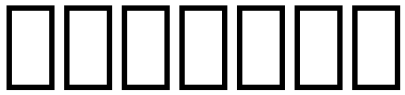
- ☐ 1 Single
- ☐ 2 Married
- ☐ 3 Have girlfriend/boyfriend/partner I am not married to
- ☐ 4 Widowed
- ☐ 5 Separated/divorced from spouse

[DM5] In the past 30 days, which of the following best described your living situation?

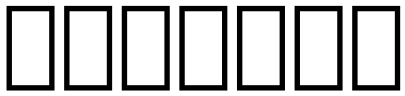
- ☐ 1 I had my own place
- ☐ 2 I was temporarily living in my partner's place of residence
- ☐ 3 I had been living in my partner's place of residence for awhile
- ☐ 4 I was temporarily living in a family member's or friend's place of residence
- ☐ 5 I had been living in family member's or friends' place of residence for awhile
- ☐ 6 I was doing short-term boarding (rent by day or week)
- ☐ 7 I lived on the streets or in a shelter provided by an NGO
- ☐ 8 I lived in HIV/AIDS-specific supportive housing
- ☐ 88 Other: _____

[DM6] In the past 30 days, what was your total monthly income, including legal and

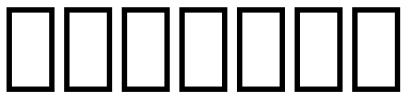
illegal sources?



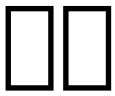
[DM6A] In the past 30 days, what was your current total monthly income from legal sources?



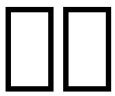
[DM6B] In the past 30 days, what was your current total monthly income from illegal sources?



[DM7] In the past 30 days, how many days did you work for pay (legal employment)?



[DM8] In the past 30 days, how many days did you engage in illegal activities for money (for example: prostitution, stealing, selling stolen goods, drug dealing, illegal gambling)?



Interviewer Read: *This is the end of the survey. Thank you very much for participating.*