

C3PNO COVID-19 Supplement Round II

Survey Flow

Block: Introduction (1 Question)
EmbeddedData Survey round = 2
Standard: Demographics (4 Questions) Standard: COVID-19 (12 Questions) Standard: Mental Health (3 Questions) Standard: Healthcare and HIV (13 Questions) Standard: Relationships (7 Questions) Standard: Substance Use (25 Questions)

Page Break

Start of Block: Introduction

text1 The following questionnaire asks questions about the impact of COVID-19 (also known as “coronavirus” or “the ‘Rona”) on your life. Please answer to the best of your ability.

End of Block: Introduction

Start of Block: Demographics

text2 First, we are going to ask you some questions about your housing and employment.



sleep Where do you usually sleep?

- Shelter (1)
- Transitional housing/safe haven (2)
- Street/outside/tent/encampment (3)
- Abandoned building/squat (4)
- Vehicle (car, van, RV, camper) (5)
- Hotel or motel (6)
- House/apartment (7)
- Dorm (8)
- Group home (9)
- Other, specify: (10) _____
- Decline to answer (99)



employ Are you currently employed?

- Yes, I am employed (1)
- Yes, I am employed BUT with a significant reduction in the number of hours I work (2)
- I was furloughed from my employment (temporarily laid off) (3)
- I work but do not have formal employment (4)
- No, I am not employed nor am I working (5)
- Decline to answer (99)

Display This Question:

If employ 1

Or employ 2



essential Are you an essential worker? Essential workers are exempt from stay at home and shelter in place orders, and must report to their place of work. Essential workers include but are not limited to those working in public health/health care, law enforcement, public safety, first responders, food and agriculture, energy and electricity, petroleum, water and wastewater, transportation, public works, communications and IT, and others.

- Yes, I am an essential worker (1)
- No, I am NOT an essential worker (2)
- Decline to answer (99)

End of Block: Demographics

Start of Block: COVID-19

text3 Now we are going to ask you some questions about how COVID-19 and changes in your community has affected your life and your health.



CV1 Since the COVID-19 health emergency started in March 2020, have you done the following? **Check all that apply.**

- No changes to my life or behavior (1)
- Practicing social distancing (i.e., reducing your physical contact with other people in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people) (2)
- Isolating or quarantining yourself (i.e., while you are sick or if you have been exposed, separating yourself from other people to prevent others from getting it) (3)
- Caring for someone at home (4)
- Working from home (5)
- Not working (6)
- Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.) (7)
- Changing travel plans (8)
- Increasing hand-washing and use of hand sanitizer (9)
- Covering my nose and mouth in public (10)
- Avoiding public transportation (11)



CV2 How much has the COVID-19 pandemic impacted your day-to-day life?

- Not at all (1)
 - A little (2)
 - Much (3)
 - Very much (4)
 - Extremely (5)
 - Decline to answer (99)
-



CV3 Which of the following has had the biggest impact on your access to food in the past month?

- I have not had enough money to buy food (1)
 - I have had to ration my food so I do not run out (e.g., skipped meals, eaten less than I want to) (2)
 - I have not been able to find foods I need in the store (3)
 - My access to food has not been impacted (4)
 - Decline to answer (99)
-



CV4 In the past month, because of the COVID-19 pandemic, I have:

	Yes (1)	No (2)	Not Applicable (3)
Stocked up on alcohol (CV4_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stocked up on illicit drugs (CV4_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stocked up on harm reduction supplies (clean needles) (CV4_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided sharing cigarettes, joints or e-cigarettes/vapes (more than usual) (CV4_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided sharing crack pipes, meth pipes or bongs (more than usual) (CV4_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided sharing drinks with others (more than usual) (CV4_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided shelters (CV4_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided supervised consumption/overdose prevention sites (CV4_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided needle distribution sites (CV4_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided picking up medications for opioid use disorder (MOUD) (CV4_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided picking up ART medications (CV4_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Avoided healthcare (e.g., clinical care appointments, hospitals, health clinics) (CV4_12)
- Accessed a safe supply of legal opioids (CV4_13)
- Accessed a safe supply of legal stimulants (CV4_14)
- Accessed nicotine replacement therapy (CV4_15)
- Accessed treatments for alcohol use disorder (CV4_16)
- Accessed a legal supply of cannabis (CV4_17)
- Accessed a supply of legal benzodiazepines (CV4_18)
- Other: (CV4_19)



CV11 How often in the last 30 days did you:

	0 times (Never) (1)	1 time (Once) (2)	2-4 times (3)	5-10 times (4)	11 or more times (5)
Go to a restaurant for indoor dining (CV11_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a restaurant for outdoor dining (CV11_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a bar (CV11_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a coffee shop (CV11_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride public transportation (CV11_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a religious service in person (CV11_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a get together with family that do not live in the same household as you such as a party, celebration, reunion, or other event (CV11_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a party, barbecue or other social event in person with more than 5 other people (CV11_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Meet a new romantic/sexual partner (whom you met in person)
(CV11_9)



CV5 Are you currently experiencing any of the following symptoms not related to an ongoing chronic health condition? **Check all that apply.**

- Fever >100.4F (38C) (1)
 - Subjective fever (felt feverish, unconfirmed) (2)
 - Chills (3)
 - Repeated shaking with chills (4)
 - Muscle aches or pain (5)
 - Runny nose (6)
 - Sore throat (7)
 - Cough (new onset or worsening of chronic cough) (8)
 - Shortness of breath (9)
 - Nausea or vomiting (10)
 - Headache (11)
 - Abdominal pain (12)
 - Diarrhea (more than or equal to 3 loose/looser than normal stools/24 hr period) (13)
 - Sudden loss of smell (14)
 - Sudden loss of taste (15)
 - No, I haven't experienced any of the symptoms listed above (16)
-



CV6 Have you been tested for COVID-19? **Check all that apply.**

- Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat) (1)
- Yes, I got an antibody test to check for previous infection (usually a blood test) (2)
- Yes, I got another test other than swab or antibody test (specify) (3)
-
- No, I have not been tested (4)
- I tried to get tested but couldn't (5)

Display This Question:

If CV6 1



CV7 Did you test positive for COVID-19 when you had a swab test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

Display This Question:

If CV6 2



CV8 Did you test positive for COVID-19 when you had an antibody test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

Display This Question:

If CV6 3



CV9 Did you test positive for COVID-19 when you had a test other than swab or antibody test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

Display This Question:

If CV7 1

Or CV7 3

Or CV8 1

Or CV8 3

Or CV9 1

Or CV9 3



CV10 Have you been hospitalized due to COVID-19?

- Yes, I am hospitalized/I have been hospitalized (1)
- No (2)
- Decline to answer (99)

End of Block: COVID-19

Start of Block: Mental Health



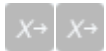
worry On a scale of 1 to 10, how worried are you about COVID-19 pandemic? 1 being not worried at all, and 10 being extremely worried.

Please enter a number between 1 and 10.



GAD7 Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all (0)	Several days (1)	Over half the days (2)	Nearly every day (3)
Feeling nervous, anxious, or on edge (GAD7_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (GAD7_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things (GAD7_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing (GAD7_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still (GAD7_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being easily annoyed or irritable (GAD7_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen (GAD7_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



BRS Please indicate the extent to which you agree with each of the following statements by using the following scale:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I tend to bounce back quickly after hard times (BRS_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events (BRS_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event (BRS_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens (BRS_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble (BRS_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over setbacks in my life (BRS_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Mental Health

Start of Block: Healthcare and HIV



MH_care How much has the COVID-19 pandemic interrupted the care you receive from others (e.g., counselor, therapist, support groups) for mental health?

- Not at all (1)
 - A little bit (2)
 - Somewhat (3)
 - Quite a bit (4)
 - Extremely (5)
 - I don't receive mental health care services (6)
 - Decline to answer (99)
-



recentvisit

When was your most recent visit to a doctor, nurse, or other health care provider?

Includes telehealth and remote visits. Telehealth is the use of technology to provide health care from a distance. These technologies may include computers, cameras, videoconferencing, and the Internet. Telehealth includes "virtual visits" with a health care provider, through a phone call or video chat.

- Within the past two weeks (1)
- Between 2 weeks and a month (2)
- Over a month but within 6 months (3)
- 6-12 months ago (4)
- More than 12 months ago (5)
- Decline to answer (99)



telehealth

Have you had a 'telehealth' visit since the COVID-19 health emergency in March 2020?

Telehealth is the use of technology to provide health care from a distance. These technologies may include computers, cameras, videoconferencing, and the Internet. Telehealth includes "virtual visits" with a health care provider, through a phone call or video chat.

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If telehealth 1



telehealth_primary How do you feel about telehealth visits with your primary care doctor?

- I prefer telehealth visit (1)
 - I prefer face to face visit (2)
 - It depends (3)
 - I have no opinion (4)
 - Decline to answer (99)
-

Display This Question:

If telehealth 1

And If

MH_care ! 6

Or MH_care ! 99



telehealth_mental How do you feel about telehealth visits with your mental health provider?

- I prefer telehealth visit (1)
 - I prefer face to face visit (2)
 - It depends (3)
 - I have no opinion (4)
 - Decline to answer (99)
-

HIVstatus To the best of your knowledge, what is your HIV status?

- Positive (1)
 - Negative or unknown (never tested positive) (2)
-

Display This Question:

If HIVstatus 1

And telehealth 1



telehealth_HIV How do you feel about telehealth visits with your HIV provider?

- I prefer telehealth visit (1)
- I prefer face to face visit (2)
- It depends (3)
- I have no opinion (4)
- Decline to answer (99)

Display This Question:

If HIVstatus 1



HIVapp Have you missed any scheduled appointments with your HIV care provider in the past month?

- Yes, I missed a visit (1)
- No, I did not miss a visit (2)
- I did not have a visit scheduled to miss (3)
- Don't know (4)
- Decline to answer (99)

Display This Question:

If HIVapp 1



HIVapp_reason What is the **main** reason you have missed appointments in the past month with your HIV care provider? Select only one.

Includes telehealth and remote visits.

- My clinic canceled my appointment because of Coronavirus (1)
- I had symptoms of COVID-19 so didn't go (2)
- I feel good, don't need to go (3)
- Don't want to think about being HIV positive (4)
- Didn't have money or insurance (5)
- Inconvenient (location/hours/times, etc.) (6)
- Forgot to go/missed appointment (7)
- Disrespected by the office or medical staff (8)
- Drinking or using drugs (9)
- Appointment pending (10)
- Couldn't attend telehealth visit (11)
- Other, specify: (12) _____
- Decline to answer (99)

Display This Question:
If HIVstatus 1



viralload How long ago did you have your HIV viral load checked?

- In the past week (1)
- 2-4 weeks ago (2)
- 1-3 months ago (3)
- 3-6 months ago (4)
- Longer than 6 months ago (5)
- Other (6) _____
- Decline to answer (99)



dailymeds Are you on any daily medications prescribed for you by a medical provider for the following? **Check all that apply.**

HIVstatus 1

HIV (1)

HIVstatus 2

PrEP (2)

Psychiatric condition (3)

Hypertension (4)

Diabetes (5)

Heart disease (6)

Other (7) _____

No, I do not take daily medications (8)

Decline to answer (99)

Display This Question:

If dailymeds 1

Or dailymeds 2



HIVmissmeds In the past 7 days, have you missed taking any HIV medications (including PrEP)?

- Yes, I could not get my refill from the pharmacy (1)
- Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus (2)
- Yes, I had medications in my possession but I forgot to take them (3)
- No (4)
- Don't know (5)
- Decline to answer (99)

Display This Question:

If dailymeds 3

Or dailymeds 4

Or dailymeds 5

Or dailymeds 6

Or dailymeds 7



missmeds In the past 7 days, have you missed taking any of your prescribed non-HIV medications?

- Yes, I could not get my refill from the pharmacy (1)
- Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus (2)
- Yes, I had medications in my possession but I forgot to take them (3)
- No (4)
- Don't know (5)
- Decline to answer (99)

End of Block: Healthcare and HIV

Start of Block: Relationships

text4 Next, we are going to ask you some questions about your relationships and sexual partners.



IPV Has a lover, boyfriend, or girlfriend hit, kicked or slapped you in the past month? We only mean times when that person meant to hurt you physically. Not when you were just playing around.

- Yes (1)
- No (2)
- Decline to answer (99)
-



partners How many people have you had sex with in the past month?

Please enter a number, and put 0 if none.

Display This Question:

If If How many people have you had sex with in the past month?Please enter a number, and put 0 if none. Text Response Is Greater Than 0



partners_new Were any of those $\{\text{partners/ChoiceTextEntryValue}\}$ people **new** partner(s)?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If partners_new 1



partners_new_num How many **new** sexual partners have you had in the last 30 days?

Please enter a number.

Display This Question:

If partners_new 1



partners_new_prior Is this number of new sexual partners more, less, or about the usual number prior to COVID-19?

- More (1)
- Less (2)
- About the same (3)
- Decline to answer (99)

Display This Question:

If partners_new 1



partners_practice With new sexual partners,

- I have the same sexual practices as before COVID-19 (1)
- I avoid some types of sex because I am worried about COVID-19 (2)
- I avoid a lot of sexual activities because I am worried about COVID-19 (3)
- Decline to answer (99)

End of Block: Relationships

Start of Block: Substance Use

text5 Now we are going to ask you some questions about your use of tobacco, cannabis, and other substances.



smoke On how many of the past 30 days did you smoke tobacco cigarettes or vape an e-cigarette?

Please enter a number, and put 0 if none.

Display This Question:

*If On how many of the past 30 days did you smoke tobacco cigarettes or vape an e cigarette?
Please e... Text Response Is Greater Than 0*



smoke_day On the average, on those days, how many cigarettes did you usually smoke each day?

Enter the number of cigarettes per day.



USAUDIT1

In the past month, how often did you have a drink containing alcohol?

A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- 2 to 3 times a week (4)
- 4 to 6 times a week (5)
- Daily (6)

Display This Question:

If USAUDIT1 ! 0



USAUDIT2 In the past month, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 1 drink (0)
- 2 drinks (1)
- 3 drinks (2)
- 4 drinks (3)
- 5-6 drinks (4)
- 7-8 drinks (5)
- 10 or more (6)

Display This Question:
If USAUDIT1 = 0



USAUDIT3

If you were born **female**: In the past month, how often did you have 4 or more drinks on one occasion?

If you were born **male**: In the past month, how often did you have 5 or more drinks on one occasion?

- Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - 2-3 times a week (4)
 - 4-6 times a week (5)
 - Daily (6)
-



cann_smoke In the past month, how often did you smoke or vape cannabis/marijuana?

- Daily (1)
 - Weekly (2)
 - Less than weekly but more than once (3)
 - Once (4)
 - Never (5)
 - Decline to answer (99)
-



cann_eat In the past month, how often did you use cannabis/marijuana in other ways that are not smoking or vaping (eat, dab, drink)?

- Daily (1)
- Weekly (2)
- Less than weekly but more than once (3)
- Once (4)
- Never (5)
- Decline to answer (99)



subuse In the past month, how often did you use each of the following?

	Daily (1)	Weekly (2)	Less than weekly but more than once (3)	Once (4)	Never (5)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If subuse [5] (Count) < 4

Or If

cann_smoke 1

Or cann_smoke 2

Or cann_smoke 3

Or cann_smoke 4

Or If

cann_eat 1

Or cann_eat 2

Or cann_eat 3

Or cann_eat 4



subuse_interact In the past month, how many people outside your household did you interact with to obtain or use drugs?

Enter the number of people, and put 0 if none.

Display This Question:

If subuse [5] (Count) < 4

Carry Forward Unselected Choices from "subuse"



subuse_mode In the past month, how did you use... **(check all that apply)**

	Smoked (1)	Snorted (2)	Ate/Swallowed (3)	Anal Insertion (4)	Injected (5)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_mode_x1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_mode_x2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, harry, rock, skag) (subuse_mode_x3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_mode_x4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_mode_x5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Display This Question:

If subuse_mode 5



subuse_inject In the past month, how many people have you typically injected drugs with?

Enter the number of people, and put 0 if none.

Display This Question:

If subuse [5] (Count) < 4

Or If

cann_smoke 1

Or cann_smoke 2

Or cann_smoke 3

Or cann_smoke 4

Or If

cann_eat 1

Or cann_eat 2

Or cann_eat 3

Or cann_eat 4

Carry Forward Unselected Choices from "subuse"



subuse_price What have you noticed about the price of the following drugs in the past month?

	Price Going Up (1)	Price Going Down (2)	About the Same (3)
<i>cann_smoke</i> 1			
Or <i>cann_smoke</i> 2			
Or <i>cann_smoke</i> 3			
Or <i>cann_smoke</i> 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Cannabis) (subuse_price_x6)			
Meth (glass, crystal, amphetamine, tina, speed) (subuse_price_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_price_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_price_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_price_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_price_x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If subuse [5] (Count) < 4

Or If

cann_smoke 1

Or cann_smoke 2

Or cann_smoke 3

Or cann_smoke 4

Or If

cann_eat 1

Or cann_eat 2

Or cann_eat 3

Or cann_eat 4

Carry Forward Unselected Choices from "subuse"



subuse_quality What have you noticed about the quality of the following drugs in the past month?

	Worse Quality (1)	Better Quality (2)	About the Same (3)
<i>cann_smoke 1</i>			
<i>Or cann_smoke 2</i>			
<i>Or cann_smoke 3</i>			
<i>Or cann_smoke 4</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Cannabis) (subuse_quality_x6)			
Meth (glass, crystal, amphetamine, tina, speed) (subuse_quality_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_quality_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_quality_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_quality_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_quality_x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If subuse [5] (Count) < 4

Or If

cann_smoke 1

Or cann_smoke 2

Or cann_smoke 3

Or cann_smoke 4

Or If

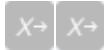
cann_eat 1

Or cann_eat 2

Or cann_eat 3

Or cann_eat 4

Carry Forward Unselected Choices from "subuse"



subuse_access What changes, if any, have you noticed regarding your ability to get the following drugs in the past month?

	Harder to Get (1)	Easier to Get (2)	About the Same (3)
<i>cann_smoke 1</i>			
<i>Or cann_smoke 2</i>			
<i>Or cann_smoke 3</i>			
<i>Or cann_smoke 4</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Cannabis) (subuse_access_x6)			
Meth (glass, crystal, amphetamine, tina, speed) (subuse_access_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_access_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_access_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_access_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_access_x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If subuse [5] (Count) < 4

Or If

cann_smoke 1

Or cann_smoke 2

Or cann_smoke 3

Or cann_smoke 4

Or cann_eat 1

Or cann_eat 2

Or cann_eat 3

Or cann_eat 4

Or If

USAUDIT1 1

Or USAUDIT1 2

Or USAUDIT1 3

Or USAUDIT1 4

Or USAUDIT1 5

Or USAUDIT1 6

Or If

If On how many of the past 30 days did you smoke tobacco cigarettes or vape an e cigarette? Please e... Text Response Is Greater Than or Equal to 1

Carry Forward Unselected Choices from "subuse"



subuse_frequency What changes, if any, have you noticed regarding your use of the following drugs in the past month?

	I use a lot more (1)	I use more (2)	About the Same (3)	I use less (4)	I use a lot less (5)
<i>cann_smoke 1</i> <i>Or cann_smoke 2</i> <i>Or cann_smoke 3</i> <i>Or cann_smoke 4</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Cannabis) (subuse_frequency_x6)					
<i>USAUDIT1 1</i> <i>Or USAUDIT1 2</i> <i>Or USAUDIT1 3</i> <i>Or USAUDIT1 4</i> <i>Or USAUDIT1 5</i> <i>Or USAUDIT1 6</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (subuse_frequency_x7)					
<i>If On how many of the past 30 days did you smoke tobacco cigarettes or vape an e cigarette? Please e... Text Response Is Greater Than or Equal to 1</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (subuse_frequency_x8)					
Meth (glass, crystal, amphetamine, tina, speed) (subuse_frequency_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_frequency_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_frequency_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_frequency_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescription Opioids
(hydrocodone, Vicodin,
oxycodone, OxyContin,
Percocet)
(subuse_frequency_x5)



treat Are you currently receiving treatment for substance use, including alcohol?

- Yes (1)
- No (2)
- Decline to answer (99)



treat_program Are you currently participating in a 12-step program like AA, NA, CA?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If treat_program 1

Or treat 1



treat_program_cancel Has your program had any cancellations of meetings or service due to the COVID-19 pandemic in the past month?

- Yes (1)
- No (2)
- Don't know (3)
- Decline to answer (99)

Display This Question:

If treat_program 1

Or treat 1



treat_program_alt Did your program offer you any alternatives to meetings like phone calls or internet support in the past month? (For example, Zoom calls)

- Yes (1)
- No (2)
- Don't know (3)
- Decline to answer (99)



treat_methadone Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl, etc)?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If treat_methadone 1



treat_methadone_canc Has the clinic or service-provider from which you receive your methadone or other opioid use disorder medication had an interruption of services in the past month due to the COVID-19 pandemic?

- Yes (1)
- No (2)
- Don't know (3)
- Decline to answer (99)

Display This Question:

If treat_methadone 1



treat_methadone_tele Are you currently receiving telehealth visits from your methodone/suboxone/buprenorphine provider?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If treat 1



treat_subuse In the past month, how much has the COVID-19 pandemic interrupted the care you receive from others (e.g., counselor, therapist, support groups) for substance use addiction (e.g., alcohol, tobacco, cocaine)?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Extremely (5)
- I don't receive substance use disorder services (6)
- Decline to answer (99)

Display This Question:

If subuse [5] (Count) < 5



overdose In the past month, have you had an overdose? I.e., had a negative reaction from using too much drugs or a drug that was stronger than you thought. This includes a situation where you passed out and couldn't wake up or your lips turned blue, or you were revived by someone else (i.e., they shook you awake, provided oxygen, or gave you naloxone).

- Yes (1)
- No (2)
- Decline to answer (99)

End of Block: Substance Use
