

C3PNO COVID19 Supplement Survey

Codebook ▾

Data Dictionary Codebook

09/28/2020 6:07pm

^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																						
Instrument: COVID19 Survey (covid19_survey) Enabled as survey ^ Collapse																									
1	record_id	Study ID	text																						
2	surveyround	Section Header: <i>First, we are going to ask you some questions about your housing and employment.</i> Survey round	radio 1 2 Field Annotation: @DEFAULT="1" @HIDDEN																						
3	sleep	Where do you usually sleep?	radio, Required <table border="1"> <tr><td>1</td><td>Shelter</td></tr> <tr><td>2</td><td>Transitional housing/safe haven</td></tr> <tr><td>3</td><td>Street/outside/tent/encampment</td></tr> <tr><td>4</td><td>Abandoned building/squat</td></tr> <tr><td>5</td><td>Vehicle (car, van, RV, camper)</td></tr> <tr><td>6</td><td>Hotel or motel</td></tr> <tr><td>7</td><td>House/apartment</td></tr> <tr><td>8</td><td>Dorm</td></tr> <tr><td>9</td><td>Group home</td></tr> <tr><td>10</td><td>Other, specify:</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Shelter	2	Transitional housing/safe haven	3	Street/outside/tent/encampment	4	Abandoned building/squat	5	Vehicle (car, van, RV, camper)	6	Hotel or motel	7	House/apartment	8	Dorm	9	Group home	10	Other, specify:	99	Decline to answer
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4	sleep_other <small>Show the field ONLY if: [sleep] = '10'</small>	Please specify "other"	text, Required Field Annotation: @WORDLIMIT=10																						
5	employ	Are you currently employed?	radio, Required <table border="1"> <tr><td>1</td><td>Yes, I am employed</td></tr> <tr><td>2</td><td>Yes, I am employed BUT with a significant reduction in the number of</td></tr> <tr><td>3</td><td>hours, I work I was furloughed from my employment (temporarily laid off)</td></tr> <tr><td>4</td><td>I work but do not have formal employment</td></tr> <tr><td>5</td><td>No, I am not employed nor am I working</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I am employed	2	Yes, I am employed BUT with a significant reduction in the number of	3	hours, I work I was furloughed from my employment (temporarily laid off)	4	I work but do not have formal employment	5	No, I am not employed nor am I working	99	Decline to answer										
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6	essential <small>Show the field ONLY if: [employ] = '1' or [employ] = '2'</small>	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.	radio, Required <table border="1"> <tr><td>1</td><td>Yes, I am an essential worker</td></tr> <tr><td>2</td><td>No, I am NOT an essential worker</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I am an essential worker	2	No, I am NOT an essential worker	99	Decline to answer																
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7	cv1	<p>Section Header: <i>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.</i></p> <p>Since the COVID-19 health emergency started in March 2020, have you done the following? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cv1__1</td> <td>No changes to my life or behavior</td> </tr> <tr> <td>2</td> <td>cv1__2</td> <td>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)</td> </tr> <tr> <td>3</td> <td>cv1__3</td> <td>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)</td> </tr> <tr> <td>4</td> <td>cv1__4</td> <td>Caring for someone at home</td> </tr> <tr> <td>5</td> <td>cv1__5</td> <td>Working from home</td> </tr> <tr> <td>6</td> <td>cv1__6</td> <td>Not working</td> </tr> <tr> <td>7</td> <td>cv1__7</td> <td>Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.)</td> </tr> <tr> <td>8</td> <td>cv1__8</td> <td>Changing travel plans</td> </tr> <tr> <td>9</td> <td>cv1__9</td> <td>Increasing hand-washing and use of hand sanitizer</td> </tr> <tr> <td>10</td> <td>cv1__10</td> <td>Covering my nose and mouth in public</td> </tr> <tr> <td>11</td> <td>cv1__11</td> <td>Avoiding public transportation</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	cv1__1	No changes to my life or behavior	2	cv1__2	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)	3	cv1__3	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)	4	cv1__4	Caring for someone at home	5	cv1__5	Working from home	6	cv1__6	Not working	7	cv1__7	Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.)	8	cv1__8	Changing travel plans	9	cv1__9	Increasing hand-washing and use of hand sanitizer	10	cv1__10	Covering my nose and mouth in public	11	cv1__11	Avoiding public transportation
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8	cv2	<p>How much has the COVID-19 pandemic impacted your day-to-day life?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Not at all</td> </tr> <tr> <td>2</td> <td>A little</td> </tr> <tr> <td>3</td> <td>Much</td> </tr> <tr> <td>4</td> <td>Very much</td> </tr> <tr> <td>5</td> <td>Extremely</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	Not at all	2	A little	3	Much	4	Very much	5	Extremely	99	Decline to answer																					
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99	Decline to answer																																			
9	cv3	<p>Which of the following has had the biggest impact on your access to food in the past month?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>I have not had enough money to buy food</td> </tr> <tr> <td>2</td> <td>I have had to ration my food so I do not run out (e.g., skipped meals, eaten less than I want to)</td> </tr> <tr> <td>3</td> <td>I have not been able to find foods I need in the store</td> </tr> <tr> <td>4</td> <td>My access to food has not been impacted</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	I have not had enough money to buy food	2	I have had to ration my food so I do not run out (e.g., skipped meals, eaten less than I want to)	3	I have not been able to find foods I need in the store	4	My access to food has not been impacted	99	Decline to answer																							
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10	cv4_1	<p>Section Header: <i>In the past month, because of the COVID-19 pandemic, I have:</i></p> <p>Stocked up on alcohol</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Not applicable</td> </tr> </table>	1	Yes	2	No	3	Not applicable																											
1	Yes																																			
2	No																																			
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11	cv4_2	<p>Stocked up on illicit drugs</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Not applicable</td> </tr> </table>	1	Yes	2	No	3	Not applicable																											
1	Yes																																			
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3	Not applicable																																			

12	cv4_3	Stocked up on harm reduction supplies (clean needles, works)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
13	cv4_4	Avoided sharing cigarettes, joints or e-cigarettes/vapes (more than usual)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
14	cv4_5	Avoided sharing crack pipes, meth pipes or bongs (more than usual)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
15	cv4_6	Avoided sharing drinks with others (more than usual)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
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16	cv4_7	Avoided shelters	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
17	cv4_8	Avoided supervised consumption/overdose prevention sites	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
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18	cv4_9	Avoided needle distribution sites	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
19	cv4_10	Avoided picking up medications for opioid use disorder (MOUD)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
20	cv4_11	Avoided picking up ART medications	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
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21	cv4_12	Avoided healthcare (e.g., clinical care appointments, hospitals, health clinics)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
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22	cv4_13	Accessed a safe supply of legal opioids	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
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23	cv4_14	Accessed a safe supply of legal stimulants	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
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24	cv4_15	Accessed nicotine replacement therapy	radio (Matrix), Required 1 Yes 2 No 3 Not applicable
25	cv4_16	Accessed treatments for alcohol use disorder	radio (Matrix), Required 1 Yes 2 No 3 Not applicable
26	cv4_17	Accessed a legal supply of cannabis	radio (Matrix), Required 1 Yes 2 No 3 Not applicable
27	cv4_18	Accessed a supply of legal benzodiazepines	radio (Matrix), Required 1 Yes 2 No 3 Not applicable
28	cv4_19	Other:	radio (Matrix) 1 Yes 2 No 3 Not applicable
29	cv4_other Show the field ONLY if: [cv4_19] = '1' or [cv4_19] = '2'	Please specify "other"	text, Required Field Annotation: @WORDLIMIT=10
30	cv11_1	Section Header: <i>How often in the last 30 days did you:</i> Go to a restaurant for indoor dining	radio (Matrix), Required 1 0 times (never) 2 1 time (once) 3 2-4 times 4 5-10 times 5 11 or more times
31	cv11_2	Go to a restaurant for outdoor dining	radio (Matrix), Required 1 0 times (never) 2 1 time (once) 3 2-4 times 4 5-10 times 5 11 or more times
32	cv11_3	Go to a bar	radio (Matrix), Required 1 0 times (never) 2 1 time (once) 3 2-4 times 4 5-10 times 5 11 or more times
33	cv11_4	Go to a coffee shop	radio (Matrix), Required 1 0 times (never) 2 1 time (once) 3 2-4 times 4 5-10 times 5 11 or more times

34	cv11_5	Ride public transportation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>0 times (never)</td></tr> <tr><td>2</td><td>1 time (once)</td></tr> <tr><td>3</td><td>2-4 times</td></tr> <tr><td>4</td><td>5-10 times</td></tr> <tr><td>5</td><td>11 or more times</td></tr> </table>	1	0 times (never)	2	1 time (once)	3	2-4 times	4	5-10 times	5	11 or more times
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35	cv11_6	Attend a religious service in person	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>0 times (never)</td></tr> <tr><td>2</td><td>1 time (once)</td></tr> <tr><td>3</td><td>2-4 times</td></tr> <tr><td>4</td><td>5-10 times</td></tr> <tr><td>5</td><td>11 or more times</td></tr> </table>	1	0 times (never)	2	1 time (once)	3	2-4 times	4	5-10 times	5	11 or more times
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36	cv11_7	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	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>0 times (never)</td></tr> <tr><td>2</td><td>1 time (once)</td></tr> <tr><td>3</td><td>2-4 times</td></tr> <tr><td>4</td><td>5-10 times</td></tr> <tr><td>5</td><td>11 or more times</td></tr> </table>	1	0 times (never)	2	1 time (once)	3	2-4 times	4	5-10 times	5	11 or more times
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37	cv11_8	Attend a party, barbecue or other social event in person with more than 5 other people	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>0 times (never)</td></tr> <tr><td>2</td><td>1 time (once)</td></tr> <tr><td>3</td><td>2-4 times</td></tr> <tr><td>4</td><td>5-10 times</td></tr> <tr><td>5</td><td>11 or more times</td></tr> </table>	1	0 times (never)	2	1 time (once)	3	2-4 times	4	5-10 times	5	11 or more times
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38	cv11_9	Meet a new romantic/sexual partner (whom you met in person)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>0 times (never)</td></tr> <tr><td>2</td><td>1 time (once)</td></tr> <tr><td>3</td><td>2-4 times</td></tr> <tr><td>4</td><td>5-10 times</td></tr> <tr><td>5</td><td>11 or more times</td></tr> </table>	1	0 times (never)	2	1 time (once)	3	2-4 times	4	5-10 times	5	11 or more times
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39	cv5	Are you currently experiencing any of the following symptoms not related to an ongoing chronic health condition? Check all that apply.	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>cv5__1</td><td>Fever >100.4F (38C)</td></tr> <tr><td>2</td><td>cv5__2</td><td>Subjective fever (felt feverish, unconfirmed)</td></tr> <tr><td>3</td><td>cv5__3</td><td>Chills</td></tr> <tr><td>4</td><td>cv5__4</td><td>Repeated shaking with chills</td></tr> <tr><td>5</td><td>cv5__5</td><td>Muscle aches or pain</td></tr> <tr><td>6</td><td>cv5__6</td><td>Runny nose</td></tr> <tr><td>7</td><td>cv5__7</td><td>Sore throat</td></tr> <tr><td>8</td><td>cv5__8</td><td>Cough (new onset or worsening of chronic cough)</td></tr> <tr><td>9</td><td>cv5__9</td><td>Shortness of breath</td></tr> <tr><td>10</td><td>cv5__10</td><td>Nausea or vomiting</td></tr> <tr><td>11</td><td>cv5__11</td><td>Headache</td></tr> <tr><td>12</td><td>cv5__12</td><td>Abdominal pain</td></tr> <tr><td>13</td><td>cv5__13</td><td>Diarrhea (more than or equal to 3 loose/looser than normal stools/24 hr period)</td></tr> <tr><td>14</td><td>cv5__14</td><td>Sudden loss of smell</td></tr> <tr><td>15</td><td>cv5__15</td><td>Sudden loss of taste</td></tr> <tr><td>16</td><td>cv5__16</td><td>I haven't experienced any of the symptoms listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=16</p>	1	cv5__1	Fever >100.4F (38C)	2	cv5__2	Subjective fever (felt feverish, unconfirmed)	3	cv5__3	Chills	4	cv5__4	Repeated shaking with chills	5	cv5__5	Muscle aches or pain	6	cv5__6	Runny nose	7	cv5__7	Sore throat	8	cv5__8	Cough (new onset or worsening of chronic cough)	9	cv5__9	Shortness of breath	10	cv5__10	Nausea or vomiting	11	cv5__11	Headache	12	cv5__12	Abdominal pain	13	cv5__13	Diarrhea (more than or equal to 3 loose/looser than normal stools/24 hr period)	14	cv5__14	Sudden loss of smell	15	cv5__15	Sudden loss of taste	16	cv5__16	I haven't experienced any of the symptoms listed above
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40	cv6	Have you been tested for COVID-19? Check all that apply.	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>cv6__1</td><td>Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat)</td></tr> <tr><td>2</td><td>cv6__2</td><td>Yes, I got an antibody test to check for previous infection (usually a blood test)</td></tr> <tr><td>3</td><td>cv6__3</td><td>Yes, I got another test other than swab or antibody test (specify)</td></tr> <tr><td>4</td><td>cv6__4</td><td>No, I have not been tested</td></tr> <tr><td>5</td><td>cv6__5</td><td>I tried to get tested but couldn't</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE='4,5'</p>	1	cv6__1	Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat)	2	cv6__2	Yes, I got an antibody test to check for previous infection (usually a blood test)	3	cv6__3	Yes, I got another test other than swab or antibody test (specify)	4	cv6__4	No, I have not been tested	5	cv6__5	I tried to get tested but couldn't																																	
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4	cv6__4	No, I have not been tested																																																	
5	cv6__5	I tried to get tested but couldn't																																																	
41	cv6_other Show the field ONLY if: [cv6(3)] = '1'	Please specify "other test"	<p>text, Required</p> <p>Field Annotation: @WORDLIMIT=10</p>																																																
42	cv7 Show the field ONLY if: [cv6(1)] = '1'	Did you test positive for COVID-19 when you had a swab test?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes, I tested positive</td></tr> <tr><td>2</td><td>No, I tested negative</td></tr> <tr><td>3</td><td>Tested but did not get result</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I tested positive	2	No, I tested negative	3	Tested but did not get result	99	Decline to answer																																								
1	Yes, I tested positive																																																		
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3	Tested but did not get result																																																		
99	Decline to answer																																																		
43	cv8 Show the field ONLY if: [cv6(2)] = '1'	Did you test positive for COVID-19 when you had an antibody test?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes, I tested positive</td></tr> <tr><td>2</td><td>No, I tested negative</td></tr> <tr><td>3</td><td>Tested but did not get result</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I tested positive	2	No, I tested negative	3	Tested but did not get result	99	Decline to answer																																								
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3	Tested but did not get result																																																		
99	Decline to answer																																																		

44	cv9 Show the field ONLY if: [cv6(3)] = '1'	Did you test positive for COVID-19 when you had a test other than swab or antibody test?	radio, Required <table border="1"> <tr><td>1</td><td>Yes, I tested positive</td></tr> <tr><td>2</td><td>No, I tested negative</td></tr> <tr><td>3</td><td>Tested but did not get result</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I tested positive	2	No, I tested negative	3	Tested but did not get result	99	Decline to answer
1	Yes, I tested positive										
2	No, I tested negative										
3	Tested but did not get result										
99	Decline to answer										
45	cv10 Show the field ONLY if: [cv7] = '1' or [cv7] = '3' or [cv8] = '1' or [cv8] = '3' or [cv9] = '1' or [cv9] = '3'	Have you been hospitalized due to COVID-19?	radio, Required <table border="1"> <tr><td>1</td><td>Yes, I am hospitalized/I have been hospitalized</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I am hospitalized/I have been hospitalized	2	No	99	Decline to answer		
1	Yes, I am hospitalized/I have been hospitalized										
2	No										
99	Decline to answer										
46	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.	text (integer, Min: 1, Max: 10), Required								
47	gad7_1	Section Header: <i>Over the last 2 weeks, how often have you been bothered by the following problems?</i> Feeling nervous, anxious, or on edge	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
48	gad7_2	Not being able to stop or control worrying	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
49	gad7_3	Worrying too much about different things	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
50	gad7_4	Trouble relaxing	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
51	gad7_5	Being so restless that it's hard to sit still	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
52	gad7_6	Being easily annoyed or irritable	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										
53	gad7_7	Feeling afraid as if something awful might happen	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	Over half the days										
3	Nearly every day										

54	brs_1	<p>Section Header: <i>Please indicate the extent to which you agree with each of the following statements by using the following scale:</i></p> <p>I tend to bounce back quickly after hard times</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
2	Disagree																
3	Neutral																
4	Agree																
5	Strongly Agree																
55	brs_2	I have a hard time making it through stressful events	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
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3	Neutral																
4	Agree																
5	Strongly Agree																
56	brs_3	It does not take me long to recover from a stressful event	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
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5	Strongly Agree																
57	brs_4	It is hard for me to snap back when something bad happens	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
2	Disagree																
3	Neutral																
4	Agree																
5	Strongly Agree																
58	brs_5	I usually come through difficult times with little trouble	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
2	Disagree																
3	Neutral																
4	Agree																
5	Strongly Agree																
59	brs_6	I tend to take a long time to get over set-backs in my life	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree				
1	Strongly Disagree																
2	Disagree																
3	Neutral																
4	Agree																
5	Strongly Agree																
60	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?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>6</td><td>I don't receive mental health care services</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Extremely	6	I don't receive mental health care services	99	Decline to answer
1	Not at all																
2	A little bit																
3	Somewhat																
4	Quite a bit																
5	Extremely																
6	I don't receive mental health care services																
99	Decline to answer																

61	recentvisit	<p>When was your most recent visit to a doctor, nurse, or other health care provider?</p> <p>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.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Within the past two weeks</td></tr> <tr><td>2</td><td>Between 2 weeks and a month</td></tr> <tr><td>3</td><td>Over a month but within 6 months</td></tr> <tr><td>4</td><td>6-12 months ago</td></tr> <tr><td>5</td><td>More than 12 months ago</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Within the past two weeks	2	Between 2 weeks and a month	3	Over a month but within 6 months	4	6-12 months ago	5	More than 12 months ago	99	Decline to answer
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4	6-12 months ago														
5	More than 12 months ago														
99	Decline to answer														
62	telehealth	<p>Have you had a 'telehealth' visit since the COVID-19 health emergency in March 2020?</p> <p>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.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	2	No	99	Decline to answer						
1	Yes														
2	No														
99	Decline to answer														
63	telehealth_primary Show the field ONLY if: [telehealth] = '1'	<p>How do you feel about telehealth visits with your primary care doctor?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I prefer telehealth visit</td></tr> <tr><td>2</td><td>I prefer face to face visit</td></tr> <tr><td>3</td><td>It depends</td></tr> <tr><td>4</td><td>I have no opinion</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	I prefer telehealth visit	2	I prefer face to face visit	3	It depends	4	I have no opinion	99	Decline to answer		
1	I prefer telehealth visit														
2	I prefer face to face visit														
3	It depends														
4	I have no opinion														
99	Decline to answer														
64	telehealth_mental Show the field ONLY if: [telehealth] = '1' and ([mh_care] = '1' or [mh_care] = '2' or [mh_care] = '3' or [mh_care] = '4' or [mh_care] = '5')	<p>How do you feel about telehealth visits with your mental health provider?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I prefer telehealth visit</td></tr> <tr><td>2</td><td>I prefer face to face visit</td></tr> <tr><td>3</td><td>It depends</td></tr> <tr><td>4</td><td>I have no opinion</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	I prefer telehealth visit	2	I prefer face to face visit	3	It depends	4	I have no opinion	99	Decline to answer		
1	I prefer telehealth visit														
2	I prefer face to face visit														
3	It depends														
4	I have no opinion														
99	Decline to answer														
65	hivstatus	<p>To the best of your knowledge, what is your HIV status?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative or unknown (never tested positive)</td></tr> </table>	1	Positive	2	Negative or unknown (never tested positive)								
1	Positive														
2	Negative or unknown (never tested positive)														
66	telehealth_hiv Show the field ONLY if: [telehealth] = '1' and [hivstatus] = '1'	<p>How do you feel about telehealth visits with your HIV provider?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I prefer telehealth visit</td></tr> <tr><td>2</td><td>I prefer face to face visit</td></tr> <tr><td>3</td><td>It depends</td></tr> <tr><td>4</td><td>I have no opinion</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	I prefer telehealth visit	2	I prefer face to face visit	3	It depends	4	I have no opinion	99	Decline to answer		
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3	It depends														
4	I have no opinion														
99	Decline to answer														
67	hivapp Show the field ONLY if: [hivstatus] = '1'	<p>Have you missed any scheduled appointments with your HIV care provider in the past month?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes, I missed a visit</td></tr> <tr><td>2</td><td>No, I did not miss a visit</td></tr> <tr><td>3</td><td>I did not have a visit scheduled to miss</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes, I missed a visit	2	No, I did not miss a visit	3	I did not have a visit scheduled to miss	4	Don't know	99	Decline to answer		
1	Yes, I missed a visit														
2	No, I did not miss a visit														
3	I did not have a visit scheduled to miss														
4	Don't know														
99	Decline to answer														

<p>68</p> <p>hivapp_reason</p> <p>Show the field ONLY if: [hivapp] = '1'</p>	<p>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.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>My clinic canceled my appointment because of Coronavirus</td></tr> <tr><td>2</td><td>I had symptoms of COVID-19 so didn't go</td></tr> <tr><td>3</td><td>I feel good, don't need to go</td></tr> <tr><td>4</td><td>Don't want to think about being HIV positive</td></tr> <tr><td>5</td><td>Didn't have money or insurance</td></tr> <tr><td>6</td><td>Inconvenient (location/hours/times, etc.)</td></tr> <tr><td>7</td><td>Forgot to go/missed appointment</td></tr> <tr><td>8</td><td>Disrespected by the office or medical staff</td></tr> <tr><td>9</td><td>Drinking or using drugs</td></tr> <tr><td>10</td><td>Appointment pending</td></tr> <tr><td>11</td><td>Couldn't attend telehealth visit</td></tr> <tr><td>12</td><td>Other, specify:</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	My clinic canceled my appointment because of Coronavirus	2	I had symptoms of COVID-19 so didn't go	3	I feel good, don't need to go	4	Don't want to think about being HIV positive	5	Didn't have money or insurance	6	Inconvenient (location/hours/times, etc.)	7	Forgot to go/missed appointment	8	Disrespected by the office or medical staff	9	Drinking or using drugs	10	Appointment pending	11	Couldn't attend telehealth visit	12	Other, specify:	99	Decline to answer
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99	Decline to answer																											
<p>69</p> <p>hivapp_reason_other</p> <p>Show the field ONLY if: [hivapp_reason] = '12'</p>	<p>Please specify "other"</p>	<p>text, Required</p> <p>Field Annotation: @WORDLIMIT=10</p>																										
<p>70</p> <p>virallload</p> <p>Show the field ONLY if: [hivstatus] = '1'</p>	<p>How long ago did you have your HIV viral load checked?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>In the past week</td></tr> <tr><td>2</td><td>2-4 weeks ago</td></tr> <tr><td>3</td><td>1-3 months ago</td></tr> <tr><td>4</td><td>3-6 months ago</td></tr> <tr><td>5</td><td>Longer than 6 months ago</td></tr> <tr><td>6</td><td>Other</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	In the past week	2	2-4 weeks ago	3	1-3 months ago	4	3-6 months ago	5	Longer than 6 months ago	6	Other	99	Decline to answer												
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99	Decline to answer																											
<p>71</p> <p>dailymeds_hivpos</p> <p>Show the field ONLY if: [hivstatus] = '1'</p>	<p>Are you on any daily medications prescribed for you by a medical provider for the following? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>dailymeds_hivpos__1</td><td>HIV</td></tr> <tr><td>3</td><td>dailymeds_hivpos__3</td><td>Psychiatric condition</td></tr> <tr><td>4</td><td>dailymeds_hivpos__4</td><td>Hypertension</td></tr> <tr><td>5</td><td>dailymeds_hivpos__5</td><td>Diabetes</td></tr> <tr><td>6</td><td>dailymeds_hivpos__6</td><td>Heart disease</td></tr> <tr><td>7</td><td>dailymeds_hivpos__7</td><td>Other</td></tr> <tr><td>8</td><td>dailymeds_hivpos__8</td><td>No, I do not take daily medications</td></tr> <tr><td>99</td><td>dailymeds_hivpos__99</td><td>Decline to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=8,99</p>	1	dailymeds_hivpos__1	HIV	3	dailymeds_hivpos__3	Psychiatric condition	4	dailymeds_hivpos__4	Hypertension	5	dailymeds_hivpos__5	Diabetes	6	dailymeds_hivpos__6	Heart disease	7	dailymeds_hivpos__7	Other	8	dailymeds_hivpos__8	No, I do not take daily medications	99	dailymeds_hivpos__99	Decline to answer		
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8	dailymeds_hivpos__8	No, I do not take daily medications																										
99	dailymeds_hivpos__99	Decline to answer																										
<p>72</p> <p>dailymeds_hivneg</p> <p>Show the field ONLY if: [hivstatus] = '2'</p>	<p>Are you on any daily medications prescribed for you by a medical provider for the following? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>2</td><td>dailymeds_hivneg__2</td><td>PrEP</td></tr> <tr><td>3</td><td>dailymeds_hivneg__3</td><td>Psychiatric condition</td></tr> <tr><td>4</td><td>dailymeds_hivneg__4</td><td>Hypertension</td></tr> <tr><td>5</td><td>dailymeds_hivneg__5</td><td>Diabetes</td></tr> <tr><td>6</td><td>dailymeds_hivneg__6</td><td>Heart disease</td></tr> <tr><td>7</td><td>dailymeds_hivneg__7</td><td>Other</td></tr> <tr><td>8</td><td>dailymeds_hivneg__8</td><td>No, I do not take daily medications</td></tr> <tr><td>99</td><td>dailymeds_hivneg__99</td><td>Decline to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=8,99</p>	2	dailymeds_hivneg__2	PrEP	3	dailymeds_hivneg__3	Psychiatric condition	4	dailymeds_hivneg__4	Hypertension	5	dailymeds_hivneg__5	Diabetes	6	dailymeds_hivneg__6	Heart disease	7	dailymeds_hivneg__7	Other	8	dailymeds_hivneg__8	No, I do not take daily medications	99	dailymeds_hivneg__99	Decline to answer		
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3	dailymeds_hivneg__3	Psychiatric condition																										
4	dailymeds_hivneg__4	Hypertension																										
5	dailymeds_hivneg__5	Diabetes																										
6	dailymeds_hivneg__6	Heart disease																										
7	dailymeds_hivneg__7	Other																										
8	dailymeds_hivneg__8	No, I do not take daily medications																										
99	dailymeds_hivneg__99	Decline to answer																										

73	<p>dailymeds_other</p> <p>Show the field ONLY if: [dailymeds_hivpos(7)] = '1' or [dailymeds_hivneg(7)] = '1'</p>	Please specify "other"	<p>text, Required</p> <p>Field Annotation: @WORDLIMIT=10</p>												
74	<p>hivmissmeds</p> <p>Show the field ONLY if: [dailymeds_hivpos(1)] = '1' or [dailymeds_hivneg(2)] = '1'</p>	In the past 7 days, have you missed taking any HIV medications (including PrEP)?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes, I could not get my refill from the pharmacy</td> </tr> <tr> <td>2</td> <td>Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus</td> </tr> <tr> <td>3</td> <td>Yes, I had medications in my possession but I forgot to take them</td> </tr> <tr> <td>4</td> <td>No</td> </tr> <tr> <td>5</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	Yes, I could not get my refill from the pharmacy	2	Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus	3	Yes, I had medications in my possession but I forgot to take them	4	No	5	Don't know	99	Decline to answer
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75	<p>missedmeds</p> <p>Show the field ONLY if: [dailymeds_hivpos(3)] = '1' or [dailymeds_hivpos(4)] = '1' or [dailymeds_hivpos(5)] = '1' or [dailymeds_hivpos(6)] = '1' or [dailymeds_hivpos(7)] = '1' or [dailymeds_hivneg(3)] = '1' or [dailymeds_hivneg(4)] = '1' or [dailymeds_hivneg(5)] = '1' or [dailymeds_hivneg(6)] = '1' or [dailymeds_hivneg(7)] = '1'</p>	In the past 7 days, have you missed taking any of your prescribed non-HIV medications?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes, I could not get my refill from the pharmacy</td> </tr> <tr> <td>2</td> <td>Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus</td> </tr> <tr> <td>3</td> <td>Yes, I had medications in my possession but I forgot to take them</td> </tr> <tr> <td>4</td> <td>No</td> </tr> <tr> <td>5</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	Yes, I could not get my refill from the pharmacy	2	Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with others/exposure to coronavirus	3	Yes, I had medications in my possession but I forgot to take them	4	No	5	Don't know	99	Decline to answer
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76	<p>ipv</p>	<p>Section Header: <i>Next, we are going to ask you some questions about your relationships and sexual partners.</i></p> <p>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.</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	Yes	2	No	99	Decline to answer						
1	Yes														
2	No														
99	Decline to answer														
77	<p>partners</p>	How many people have you had sex with in the past month? Please enter a number, and put 0 if none.	text (integer, Min: 0, Max: 100), Required												
78	<p>partners_new</p> <p>Show the field ONLY if: [partners] > 0</p>	Were any of those [partners] people new partner(s)?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	Yes	2	No	99	Decline to answer						
1	Yes														
2	No														
99	Decline to answer														
79	<p>partners_new_num</p> <p>Show the field ONLY if: [partners_new] = '1'</p>	<p>How many new sexual partners have you had in the last 30 days?</p> <p>Please enter a number.</p>	text (integer, Min: 1, Max: 100), Required												
80	<p>partners_new_prior</p> <p>Show the field ONLY if: [partners_new] = '1'</p>	Is this number of new sexual partners more, less, or about the usual number prior to COVID-19?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>More</td> </tr> <tr> <td>2</td> <td>Less</td> </tr> <tr> <td>3</td> <td>About the same</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	More	2	Less	3	About the same	99	Decline to answer				
1	More														
2	Less														
3	About the same														
99	Decline to answer														
81	<p>partners_practice</p> <p>Show the field ONLY if: [partners_new] = '1'</p>	With new sexual partners,	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>I have the same sexual practices as before COVID-19</td> </tr> <tr> <td>2</td> <td>I avoid some types of sex because I am worried about COVID-19</td> </tr> <tr> <td>3</td> <td>I avoid a lot of sexual activities because I am worried about COVID-19</td> </tr> <tr> <td>99</td> <td>Decline to answer</td> </tr> </table>	1	I have the same sexual practices as before COVID-19	2	I avoid some types of sex because I am worried about COVID-19	3	I avoid a lot of sexual activities because I am worried about COVID-19	99	Decline to answer				
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99	Decline to answer														

82	smoke	<p>Section Header: <i>Now we are going to ask you some questions about your use of tobacco, cannabis, and other substances.</i></p> <p>On how many of the past 30 days did you smoke tobacco cigarettes or vape an e-cigarette? Please enter a number from 0-30, and put 0 if none.</p>	text (integer, Min: 0, Max: 30), Required														
83	smoke_day Show the field ONLY if: [smoke] > 0	On the average, on those days, how many cigarettes did you usually smoke each day? Enter the number of cigarettes per day.	text (integer, Min: 0, Max: 100), Required														
84	usaudit1	<p>In the past month, how often did you have a drink containing alcohol?</p> <p>A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>2 to 3 times a week</td></tr> <tr><td>5</td><td>4 to 6 times a week</td></tr> <tr><td>6</td><td>Daily</td></tr> </table>	0	Never	1	Less than monthly	2	Monthly	3	Weekly	4	2 to 3 times a week	5	4 to 6 times a week	6	Daily
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1	Less than monthly																
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5	4 to 6 times a week																
6	Daily																
85	usaudit2 Show the field ONLY if: [usaudit1] = '6' or [usaudit1] = '5' or [usaudit1] = '4' or [usaudit1] = '3' or [usaudit1] = '2' or [usaudit1] = '1'	In the past month, how many drinks containing alcohol did you have on a typical day when you were drinking?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>1 drink</td></tr> <tr><td>1</td><td>2 drinks</td></tr> <tr><td>2</td><td>3 drinks</td></tr> <tr><td>3</td><td>4 drinks</td></tr> <tr><td>4</td><td>5-6 drinks</td></tr> <tr><td>5</td><td>7-8 drinks</td></tr> <tr><td>6</td><td>10 or more</td></tr> </table>	0	1 drink	1	2 drinks	2	3 drinks	3	4 drinks	4	5-6 drinks	5	7-8 drinks	6	10 or more
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86	usaudit3 Show the field ONLY if: [usaudit1] = '6' or [usaudit1] = '5' or [usaudit1] = '4' or [usaudit1] = '3' or [usaudit1] = '2' or [usaudit1] = '1'	<p>If you were born female: In the past month, how often did you have 4 or more drinks on one occasion?</p> <p>If you were born male: In the past month, how often did you have 5 or more drinks on one occasion?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>2 to 3 times a week</td></tr> <tr><td>5</td><td>4 to 6 times a week</td></tr> <tr><td>6</td><td>Daily</td></tr> </table>	0	Never	1	Less than monthly	2	Monthly	3	Weekly	4	2 to 3 times a week	5	4 to 6 times a week	6	Daily
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6	Daily																
87	cann_smoke	In the past month, how often did you smoke or vape cannabis/marijuana?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never	99	Decline to answer		
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2	Weekly																
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5	Never																
99	Decline to answer																
88	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)?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never	99	Decline to answer		
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89	subuse_1	<p>Section Header: <i>In the past month, how often did you use each of the following?</i></p> <p>Meth (glass, crystal, amphetamine, tina, speed)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never
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2	Weekly												
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90	subuse_2	Cocaine (blow, coke, toot, candy, snow)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never
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91	subuse_3	Heroin (smack, harry, rock, skag)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never
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92	subuse_4	Fentanyl (Percopop, Apache, China girl, China white)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never
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93	subuse_5	Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Less than weekly but more than once</td></tr> <tr><td>4</td><td>Once</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Less than weekly but more than once	4	Once	5	Never
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94	<p>subuse_interact</p> <p>Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4' or [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4' or [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4' or [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4' or [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4' or [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'</p>	<p>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.</p>	<p>text (integer, Min: 0, Max: 100), Required</p>										

95	<p>subuse_mode_1</p> <p>Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4'</p>	<p>Section Header: <i>In the past month, how did you use... (Select all that apply)</i></p> <p>Meth (glass, crystal, amphetamine, tina, speed)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>subuse_mode_1__1</td><td>Smoked</td></tr> <tr><td>2</td><td>subuse_mode_1__2</td><td>Snorted</td></tr> <tr><td>3</td><td>subuse_mode_1__3</td><td>Ate/Swallowed</td></tr> <tr><td>4</td><td>subuse_mode_1__4</td><td>Anal Insertion</td></tr> <tr><td>5</td><td>subuse_mode_1__5</td><td>Injected</td></tr> </table>	1	subuse_mode_1__1	Smoked	2	subuse_mode_1__2	Snorted	3	subuse_mode_1__3	Ate/Swallowed	4	subuse_mode_1__4	Anal Insertion	5	subuse_mode_1__5	Injected
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96	<p>subuse_mode_2</p> <p>Show the field ONLY if: [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4'</p>	<p>Cocaine (blow, coke, toot, candy, snow)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>subuse_mode_2__1</td><td>Smoked</td></tr> <tr><td>2</td><td>subuse_mode_2__2</td><td>Snorted</td></tr> <tr><td>3</td><td>subuse_mode_2__3</td><td>Ate/Swallowed</td></tr> <tr><td>4</td><td>subuse_mode_2__4</td><td>Anal Insertion</td></tr> <tr><td>5</td><td>subuse_mode_2__5</td><td>Injected</td></tr> </table>	1	subuse_mode_2__1	Smoked	2	subuse_mode_2__2	Snorted	3	subuse_mode_2__3	Ate/Swallowed	4	subuse_mode_2__4	Anal Insertion	5	subuse_mode_2__5	Injected
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97	<p>subuse_mode_3</p> <p>Show the field ONLY if: [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4'</p>	<p>Heroin (smack, harry, rock, skag)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>subuse_mode_3__1</td><td>Smoked</td></tr> <tr><td>2</td><td>subuse_mode_3__2</td><td>Snorted</td></tr> <tr><td>3</td><td>subuse_mode_3__3</td><td>Ate/Swallowed</td></tr> <tr><td>4</td><td>subuse_mode_3__4</td><td>Anal Insertion</td></tr> <tr><td>5</td><td>subuse_mode_3__5</td><td>Injected</td></tr> </table>	1	subuse_mode_3__1	Smoked	2	subuse_mode_3__2	Snorted	3	subuse_mode_3__3	Ate/Swallowed	4	subuse_mode_3__4	Anal Insertion	5	subuse_mode_3__5	Injected
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98	<p>subuse_mode_4</p> <p>Show the field ONLY if: [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4'</p>	<p>Fentanyl (Percopop, Apache, China girl, China white)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>subuse_mode_4__1</td><td>Smoked</td></tr> <tr><td>2</td><td>subuse_mode_4__2</td><td>Snorted</td></tr> <tr><td>3</td><td>subuse_mode_4__3</td><td>Ate/Swallowed</td></tr> <tr><td>4</td><td>subuse_mode_4__4</td><td>Anal Insertion</td></tr> <tr><td>5</td><td>subuse_mode_4__5</td><td>Injected</td></tr> </table>	1	subuse_mode_4__1	Smoked	2	subuse_mode_4__2	Snorted	3	subuse_mode_4__3	Ate/Swallowed	4	subuse_mode_4__4	Anal Insertion	5	subuse_mode_4__5	Injected
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99	<p>subuse_mode_5</p> <p>Show the field ONLY if: [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'</p>	<p>Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>subuse_mode_5__1</td><td>Smoked</td></tr> <tr><td>2</td><td>subuse_mode_5__2</td><td>Snorted</td></tr> <tr><td>3</td><td>subuse_mode_5__3</td><td>Ate/Swallowed</td></tr> <tr><td>4</td><td>subuse_mode_5__4</td><td>Anal Insertion</td></tr> <tr><td>5</td><td>subuse_mode_5__5</td><td>Injected</td></tr> </table>	1	subuse_mode_5__1	Smoked	2	subuse_mode_5__2	Snorted	3	subuse_mode_5__3	Ate/Swallowed	4	subuse_mode_5__4	Anal Insertion	5	subuse_mode_5__5	Injected
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100	<p>subuse_inject</p> <p>Show the field ONLY if: [subuse_mode_1(5)] = '1' and [subuse_mode_2(5)] = '1' and [subuse_mode_3(5)] = '1' and [subuse_mode_4(5)] = '1' and [subuse_mode_5(5)] = '1'</p>	<p>In the past month, how many people have you typically injected drugs with? Enter the number of people, and put 0 if none.</p>	<p>text (integer, Min: 0, Max: 100), Required</p>															
101	<p>subuse_price_1</p> <p>Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4'</p>	<p>Section Header: <i>What have you noticed about the price of the following drugs in the past month?</i></p> <p>Meth (glass, crystal, amphetamine, tina, speed)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Price going up</td></tr> <tr><td>2</td><td>Price going down</td></tr> <tr><td>3</td><td>About the same</td></tr> </table>	1	Price going up	2	Price going down	3	About the same									
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2	Price going down																	
3	About the same																	
102	<p>subuse_price_2</p> <p>Show the field ONLY if: [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4'</p>	<p>Cocaine (blow, coke, toot, candy, snow)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Price going up</td></tr> <tr><td>2</td><td>Price going down</td></tr> <tr><td>3</td><td>About the same</td></tr> </table>	1	Price going up	2	Price going down	3	About the same									
1	Price going up																	
2	Price going down																	
3	About the same																	
103	<p>subuse_price_3</p> <p>Show the field ONLY if: [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4'</p>	<p>Heroin (smack, harry, rock, skag)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Price going up</td></tr> <tr><td>2</td><td>Price going down</td></tr> <tr><td>3</td><td>About the same</td></tr> </table>	1	Price going up	2	Price going down	3	About the same									
1	Price going up																	
2	Price going down																	
3	About the same																	

104	subuse_price_4 Show the field ONLY if: [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4'	Fentanyl (Percopop, Apache, China girl, China white)	radio (Matrix), Required 1 Price going up 2 Price going down 3 About the same
105	subuse_price_5 Show the field ONLY if: [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'	Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)	radio (Matrix), Required 1 Price going up 2 Price going down 3 About the same
106	subuse_price_6 Show the field ONLY 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'	Marijuana (Cannabis)	radio (Matrix), Required 1 Price going up 2 Price going down 3 About the same
107	subuse_quality_1 Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4'	Section Header: <i>What have you noticed about the quality of the following drugs in the past month?</i> Meth (glass, crystal, amphetamine, tina, speed)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
108	subuse_quality_2 Show the field ONLY if: [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4'	Cocaine (blow, coke, toot, candy, snow)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
109	subuse_quality_3 Show the field ONLY if: [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4'	Heroin (smack, harry, rock, skag)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
110	subuse_quality_4 Show the field ONLY if: [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4'	Fentanyl (Percopop, Apache, China girl, China white)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
111	subuse_quality_5 Show the field ONLY if: [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'	Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
112	subuse_quality_6 Show the field ONLY 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'	Marijuana (Cannabis)	radio (Matrix), Required 1 Worse quality 2 Better quality 3 About the same
113	subuse_access_1 Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4'	Section Header: <i>What changes, if any, have you noticed regarding your ability to get the following drugs in the past month?</i> Meth (glass, crystal, amphetamine, tina, speed)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same
114	subuse_access_2 Show the field ONLY if: [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4'	Cocaine (blow, coke, toot, candy, snow)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same

115	subuse_access_3 Show the field ONLY if: [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4'	Heroin (smack, harry, rock, skag)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same
116	subuse_access_4 Show the field ONLY if: [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4'	Fentanyl (Percopop, Apache, China girl, China white)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same
117	subuse_access_5 Show the field ONLY if: [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'	Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same
118	subuse_access_6 Show the field ONLY 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'	Marijuana (Cannabis)	radio (Matrix), Required 1 Harder to get 2 Easier to get 3 About the same
119	subuse_frequency_1 Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4'	Section Header: <i>What changes, if any, have you noticed regarding your use of the following drugs in the past month?</i> Meth (glass, crystal, amphetamine, tina, speed)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
120	subuse_frequency_2 Show the field ONLY if: [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4'	Cocaine (blow, coke, toot, candy, snow)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
121	subuse_frequency_3 Show the field ONLY if: [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4'	Heroin (smack, harry, rock, skag)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
122	subuse_frequency_4 Show the field ONLY if: [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4'	Fentanyl (Percopop, Apache, China girl, China white)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
123	subuse_frequency_5 Show the field ONLY if: [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'	Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less

124	subuse_frequency_6 Show the field ONLY if: [cann_smoke] = '1' or [cann_s= moke] = '2' or [cann_smoke] == '3' or [cann_smoke] = '4' or [c= ann_eat] = '1' or [cann_eat] == '2' or [cann_eat] = '3' or [cann= _eat] = '4'	Marijuana (cannabis)	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
125	subuse_frequency_7 Show the field ONLY if: [usaudit1] = '1' or [usaudit1] == '2' or [usaudit1] = '3' or [usau= dit1] = '4' or [usaudit1] = '5' or= [usaudit1] = '6'	Alcohol	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
126	subuse_frequency_8 Show the field ONLY if: [smoke] >= 1	Tobacco	radio (Matrix), Required 1 I use a lot more 2 I use more 3 I use about the same 4 I use less 5 I use a lot less
127	treat	Are you currently receiving treatment for substance use, including alcohol?	radio, Required 1 Yes 2 No 99 Decline to answer
128	treat_program	Are you currently participating in a 12-step program like AA, NA, CA?	radio, Required 1 Yes 2 No 99 Decline to answer
129	treat_program_cancel Show the field ONLY if: [treat_program] = '1' or [treat]= '1'	Has your program had any cancellations of meetings or service due to the COVID-19 pandemic in the past month?	radio, Required 1 Yes 2 No 3 Don't know 99 Decline to answer
130	treat_program_alt Show the field ONLY if: [treat_program] = '1' or [treat]= '1'	Did your program offer you any alternatives to meetings= like phone calls or internet support in the past month? (For= example, Zoom or FaceTime calls)	radio, Required 1 Yes 2 No 3 Don't know 99 Decline to answer
131	treat_methadone	Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl, etc)?	radio, Required 1 Yes 2 No 99 Decline to answer
132	treat_methadone_canc Show the field ONLY if: [treat_methadone] = '1'	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?	radio, Required 1 Yes 2 No 3 Don't know 99 Decline to answer

133	treat_methadone_tele Show the field ONLY if: [treat_methadone] = '1'	Are you currently receiving telehealth visits from your methadone/Suboxone/buprenorphine provider?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	2	No	99	Decline to answer								
1	Yes																
2	No																
99	Decline to answer																
134	treat_subuse Show the field ONLY if: [treat] = '1'	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)?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>6</td><td>I don't receive substance use disorder services</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Extremely	6	I don't receive substance use disorder services	99	Decline to answer
1	Not at all																
2	A little bit																
3	Somewhat																
4	Quite a bit																
5	Extremely																
6	I don't receive substance use disorder services																
99	Decline to answer																
135	overdose Show the field ONLY if: [subuse_1] = '1' or [subuse_1] = '2' or [subuse_1] = '3' or [subuse_1] = '4' or [subuse_2] = '1' or [subuse_2] = '2' or [subuse_2] = '3' or [subuse_2] = '4' or [subuse_3] = '1' or [subuse_3] = '2' or [subuse_3] = '3' or [subuse_3] = '4' or [subuse_4] = '1' or [subuse_4] = '2' or [subuse_4] = '3' or [subuse_4] = '4' or [subuse_5] = '1' or [subuse_5] = '2' or [subuse_5] = '3' or [subuse_5] = '4'	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).	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	2	No	99	Decline to answer								
1	Yes																
2	No																
99	Decline to answer																
136	covid19_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
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