



Alcohol and Other Drugs (AOD)
High Risk Population Survey

Cohort:

- ☐ Adult
- ☐ Youth
- ☐ Recreational Adults

SURVEY NUMBER:

ID CODE:

For ID code, enter the first 3 letters of participant’s mother’s maiden name, followed by the first three letters of the month the participant was born in.

Interviewer:

Date: / / (day / month / year)

Interview Site:

- ☐ Rock Bay Landing
- ☐ Our Place
- ☐ AIDS Vancouver Island
- ☐ Youth Empowerment Society
- ☐ Out of the Rain Shelter
- ☐ CARBC
- ☐ Coffee Shop
- ☐ Camosun College Campus
- ☐ Uvic Campus

REFERRAL METHOD:

- Primary Referral..... ☐
- Referred by Prior Subject..... ☐

B. Your Drug Use History

B.01 Please indicate what your experience is with each of the following drugs:

<div>Y = Yes</div> <div>N = No</div> <div>DK = Don't Know</div>	<div>Have you EVER used or tried...</div> <div>CIRCLE ONE</div>	<div>Age when you first used or tried drug?</div>	<div>In the PAST 12 MONTHS, have you used...</div> <div>CIRCLE ONE</div>	<div>In the PAST 12 MONTHS, injected or been fixed with this drug?</div> <div>CIRCLE ONE</div>	<div>Number of days drug was used in the PAST 30 DAYS</div> <div>WRITE (0 – 30)</div>	<div>Number of days drug was used in the PAST 7 DAYS</div> <div>WRITE (0 – 7)</div>
Tobacco	Y N DK		Y N DK		.....Days	.....Days
Cocaine (powder)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Crack (Rock)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Amphetamine** (eg. Speed/Dex/Adderall)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Crystal Meth	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Heroin	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Ecstasy (incl. MDMA/MDA/MDEA)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
LSD (Acid)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Magic Mushrooms	Y N DK		Y N DK		.....Days	.....Days
Other plant-based Hallucinogens (eg. salvia, DMT, peyote, etc)	Y N DK		Y N DK		.....Days	.....Days
Research Chemicals (2C-B, 2C-I, Foxies etc)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
PCP (Angel's Dust)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
GHB	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Ketamine	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Amyl Nitrate (Poppers)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Nitrous Oxide** (Laughing Gas)	Y N DK		Y N DK		.....Days	.....Days
Solvents / Glue	Y N DK		Y N DK	Y N DK	.....Days	.....Days

B. Your Drug Use History (continued)

B.01 (continued) Please indicate what your experience is with each of the following drugs:

<div>Y = Yes</div> <div>N = No</div> <div>DK = Don't Know</div>	<div>EVER used or tried...</div> <div>CIRCLE ONE</div>	<div>Age when you first used or tried drug?</div>	<div>In the PAST 12 MONTHS, have you used...</div> <div>CIRCLE ONE</div>	<div>In the PAST 12 MONTHS, injected or been fixed with this drug?</div> <div>CIRCLE ONE</div>	<div>Number of days drug was used in the PAST 30 DAYS</div> <div>WRITE (0 – 30)</div>	<div>Number of days drug was used in the PAST 7 DAYS</div> <div>WRITE (0 – 7)</div>
“Speedballs” (Heroin & Cocaine)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Methadone **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Talwin & Ritalin ** (“Ts & Rs”)	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Dilaudid **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Morphine / MS Contin **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Oxycodone / Percocet **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Codeine / T3s / T4s**	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Benzos **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Viagra **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Ritalin. **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Steroids **	Y N DK		Y N DK	Y N DK	.....Days	.....Days
Fentanyl	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days
_____	Y N DK		Y N DK	Y N DK	.....Days	.....Days

** Interviewer: It does not matter whether or not the person had a prescription for the drug.

C. Alcohol

Definition of a DRINK

Note: A “drink” is equal to a 12 oz bottle or can of beer (~340 ml), OR a 5 oz glass of wine (~120 ml), OR a 1½ oz shot of liquor (~40ml), OR 12 oz of mixed drink or cooler (~340 ml).

C.01.01 Have you EVER had a drink of alcohol in your life (including non-beverage alcohol)?

- ☐ Yes
- ☐ Just a sip (SKIP TO next section)
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES: What age were you when you first drank alcohol?

Enter age in years _____

C.NB.1 Have you EVER had non-beverage alcohol in your life? (e.g. Mouthwash, rubbing alcohol)

- ☐ Yes
- ☐ No (SKIP TO C.01.02)
- ☐ Don't know (SKIP TO C.01.02)
- ☐ Refused (SKIP TO C.01.02)

C.NB.2 What age were you when you first drank non-beverage alcohol?

Enter age in years _____

C.NB.3 In the PAST 12 MONTHS, have you used non-beverage alcohol?

- ☐ Yes
- ☐ No (SKIP TO C.01.02)
- ☐ Don't know (SKIP TO C.01.02)
- ☐ Refused (SKIP TO C.01.02)

C.NB.4 In the PAST 30 DAYS, how many days did you use non-beverage alcohol?

Enter number of days _____
☐ Don't know (SKIP TO C.01.02)
☐ Refused (SKIP TO C.01.02)

C.NB.5 What types of non-beverage alcohol did you use in the PAST 30 DAYS?
(DO NOT READ OUT OPTIONS - check ALL that apply)

- ☐ Mouthwash
- ☐ Rubbing alcohol
- ☐ Hand sanitizer
- ☐ Hairspray
- ☐ Other (specify) _____

C.NB.6 In the PAST 7 DAYS, how many days did you use non-beverage alcohol?

Enter number of days _____
☐ Don't know
☐ Refused

C.01.02 How often did you drink alcoholic beverages during the PAST 12 MONTHS?

- ☐ Not at all (SKIP TO C.02.06)
- ☐ Just a sip (SKIP TO C.02.06)
- ☐ Less than once a month
- ☐ Once a month
- ☐ 2 to 3 times a month
- ☐ Once a week
- ☐ 2 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ Every day
- ☐ Don't know
- ☐ Refused

C.01.03 In the PAST 12 MONTHS, on those days when you drank, how many drinks did you usually have?

Enter number of drinks _____
☐ Don't know
☐ Refused

C.01.04 How often in the PAST 12 MONTHS have you had (if male) 5 or more drinks/(if female) 4 or more drinks on one occasion?

- ☐ Daily or almost daily
- ☐ 2 to 5 times a week
- ☐ Once a week
- ☐ 2 to 3 times a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Never
- ☐ Don't know
- ☐ Refused

C.01.05 In the PAST 30 DAYS, on about how many of these days did you drink alcoholic beverages?

Enter number of days _____
☐ Don't know (SKIP TO C.01.08)
☐ Refused (SKIP TO C.01.08)

If answer is 0, SKIP TO C.02.01

C.01.06 In the PAST 30 DAYS, on those days when you drank, how many drinks did you usually have?

- Enter number of drinks _____
- ☐ Don't know
 - ☐ Refused

C.01.07 In the PAST 30 DAYS, how often did you have 5 or more drinks containing alcohol in one session?

- Enter number of days _____
- ☐ Don't know
 - ☐ Refused

C.01.07.a In the PAST 30 DAYS, what kind of alcoholic drink did you drink the most of? (check ONE box only)

- ☐ Beer
- ☐ Hard liquor/spirits
- ☐ Fortified wine (Port, Sherry or vermouth)
- ☐ Table wine
- ☐ Cooler
- ☐ Non-beverage alcohol
- ☐ Other (specify) _____
- ☐ Don't know (SKIP TO C.01.08)
- ☐ Refused (SKIP TO C.01.08)

C.01.07.b Thinking about the kind of alcoholic drink you had most of in the past 30 days, what BRAND of drink was that usually?

- Name: _____
- ☐ Don't know
 - ☐ Refused

C.01.07.c Thinking about the kind of alcoholic drink you had most of in the past 30 days, where did you usually get it from? (check ONE box only)

- ☐ Liquor store
- ☐ Bar, club or restaurant
- ☐ Friend or acquaintance
- ☐ U-Vint or U-Brew store
- ☐ Homebrew
- ☐ Other (specify) _____
- ☐ Don't know
- ☐ Refused

C.01.07.d Thinking about the kind of alcoholic drink you had most of in the past 30 days, how much did you usually pay for it?

Note: Regular beer or cooler bottle/can=341ml; regular wine or spirit bottle=750ml

- \$ _____ per _____ (quantity in L or mL)
OR if no payment, how did you usually obtain it?
- ☐ Gift
 - ☐ Exchange not involving money
 - ☐ Don't know
 - ☐ Refused

C.01.08 In the PAST 7 DAYS, on how many days did you have a drink containing alcohol?

- Enter number of days _____
- ☐ Don't know
 - ☐ Refused

C.02 PROBLEMS RELATED TO DRINKING (WHO AUDIT)

The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months.

C.02.01 How often during the PAST 12 MONTHS have you found that you were not able to stop drinking once you had started?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Don't know
- ☐ Refused

C.02.02 How often during the PAST 12 MONTHS have you failed to do what was normally expected from you because of drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Don't know
- ☐ Refused

C.02.03 How often during the PAST 12 MONTHS have you needed a first ALCOHOLIC drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Don't know
- ☐ Refused

C.02.04 How often during the PAST 12 MONTHS have you had a feeling of guilt or remorse after drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Don't know
- ☐ Refused

C.02.05 How often during the PAST 12 MONTHS have you been unable to remember what happened the night before because you had been drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Don't know
- ☐ Refused

C.02.06 Have you or someone else EVER been injured as a result of your drinking?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.02.07 Has a relative, a friend, a doctor or other health worker EVER been concerned about your drinking or suggested you cut down?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03 HARMS RELATED TO DRINKING

The next questions are about harms related to drinking. We will be referring to the past 12 months.

C.03.01 Was there ever a time that you felt your alcohol use had a harmful effect on your friendships or social life?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.02 Was there ever a time that you felt your alcohol use had a harmful effect on your physical health?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.03 Was there ever a time that you felt your alcohol use had a harmful effect on your home life or marriage
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.04 Was there ever a time that you felt your alcohol use had a harmful effect on your work, studies, or employment opportunities?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.05 During the PAST 12 MONTHS, how many days, if any, were you away from work or school because of your drinking?

Enter number of days _____
☐ Don't know
☐ Refused

C.03.06 Was there ever a time that you felt your alcohol use had a harmful effect on your financial position?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.07 Was there ever a time when you had legal problems because of your alcohol use?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.08 Was there ever a time when you had housing problems because of your alcohol use?

(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.09 Was there ever a time when you had difficulty learning things because of your alcohol use?

(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

C.03.10 Have you been hit or physically assaulted by someone who had been drinking?

(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

D. Marijuana, Cannabis or Hashish

Note: Cannabis includes marijuana, grass, pot, hashish, bubble hash, oil, resin, weed, chronic, etc.

D.01.01 Have you EVER used marijuana, cannabis or hashish in your life?

- ☐ Yes
- ☐ Just a puff or token
- ☐ No (SKIP TO next section.)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES: What age were you when you first tried marijuana, cannabis or hashish?

Enter age in years _____

D.01.02 How often did you use marijuana, cannabis or hashish in the PAST 12 MONTHS?

- ☐ Not at all (SKIP TO next section)
- ☐ Just a puff or token (SKIP TO next section)
- ☐ Less than once a month
- ☐ Once a month
- ☐ 2 to 3 times a month
- ☐ Once a week
- ☐ 2 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ Every day
- ☐ Don't know
- ☐ Refused

D.01.03 And how about the PAST 30 DAYS, on about how many of these days did you use marijuana, cannabis or hashish?

Enter number of days _____
☐ Don't know (SKIP TO D.01.05)
☐ Refused (SKIP TO D.01.05)

If answer is 0, SKIP TO D.01.06.

D.01.04 During the PAST 30 DAYS, on those days when you used marijuana, cannabis or hashish, roughly how many joints did you usually have ? (Count 10 puffs, 1 bowl, 2 bong or pipe hits or 1/2 gram as equivalent to one joint)

Enter number of joints _____
☐ 30 or more
☐ Don't know
☐ Refused

D.01.05 And how about the PAST 7 DAYS, on about how many of these days did you use marijuana, cannabis or hashish?

Enter number of days _____
☐ Don't know
☐ Refused

Please answer the following questions only if you feel confident of your knowledge.

D.01.06 How would you rate your knowledge of the price and availability of marijuana, cannabis or hashish in your region?

- ☐ I know nothing about it (SKIP TO D.01.10)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

D.01.07 How much did marijuana, cannabis or hashish cost the MOST RECENT time you purchased it?

\$ _____ per _____ (qty) marijuana/cannabis

\$ _____ per _____ (qty) hashish

- ☐ Don't know or don't remember

D.01.08 How easy is it to get marijuana, cannabis or hashish at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

D.01.09 Has the availability of marijuana, cannabis or hashish changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

D.01.10 How many different people have you bought marijuana, cannabis or hashish from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____
☐ Don't know
☐ Refused
(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO NEXT SECTION.)

D.01.11 In the PAST 12 MONTHS how often did you buy marijuana, cannabis or hashish (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

D.01.12 Who have you bought marijuana, cannabis or hashish from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

D.01.13 In the PAST 12 MONTHS who did you usually purchase marijuana, cannabis or hashish for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

D.01.14 In the PAST 12 MONTHS what venues (locations) did you score (buy) marijuana, cannabis or hashish at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Dispensary
- ☐ Other (specify) _____

D.01.15 In the PAST 12 MONTHS how did you pay for the marijuana, cannabis or hashish you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

D.01.16 Think about the person or place that you got marijuana, cannabis or hashish from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic Mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Prescription drugs
- ☐ Other (specify) _____

E. Alcohol & Drug Use Yesterday

Weekday of Interview (CIRCLE ONE): Mon Tue Wed Thu Fri Sat Sun

E.01 Did you have **alcohol, tobacco** or **other drugs** YESTERDAY including up to 4am this morning?

☐ Yes ☐ No (SKIP TO F.01) ☐ Don't know (SKIP TO F.01)

If YES. Can you tell me where you had these substances? (check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public washroom
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Abandoned or vacant building
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify):

E.02 Did you drink any **alcohol** YESTERDAY (including up to 4am this morning?)

☐ Yes ☐ No (SKIP TO E.03) ☐ Don't know (SKIP TO E.03)

If YES Please indicate how much of each of the following you drank:

Type	Use?	TOTAL # of drinks:	Were these brewed / made by you or U-brew/U-Vin?	Were any purchased in another country or Canadian province?
Beer	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Wine	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Spirits	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Cooler or Cider	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Mouthwash or Rubbing Alcohol	Y N DK			

E.03 Did you have any **marijuana, cannabis** or **hashish** YESTERDAY (including up to 4am this morning)?

☐ Yes ☐ No (SKIP TO E.04) ☐ Don't know (SKIP TO E.04)

If YES Please indicate how much of each of the following you consumed:

Type	Use?	Method(s) of Administration – Circle ALL	Amount (ex: g)	# of Joints*
Marijuana / Leaf / Bud	Y N DK	Joint / Pipe / Bong / Vaporizer / Food / Other		
Hashish / Oil / Resin	Y N DK	Joint / Pipe / Bong / Vaporizer / Food / Other		

*Note: 1 Joint = 10 puffs, 1 bowl, 2 bong or pipe hits or ½ gram marijuana/cannabis/hashish

E.04 Did you have any **tobacco** YESTERDAY (including up to 4am this morning)?

☐ Yes ☐ No (SKIP TO E.05) ☐ Don't know (SKIP TO E.05)

If YES Please indicate how much of each of the following you consumed:

Type	Use?	Amount
Cigarette (incl. hand rolled)	Y N DK	
Cigar	Y N DK	
Pipe / Hookah	Y N DK	
Snuff / Chewing Tobacco	Y N DK	
e-Cigarettes (indicate ml and strength)	Y N DK	

E.05 Did you have any **pharmaceutical drugs** YESTERDAY (including up to 4am this morning) whether you were prescribed them or not?

☐ Yes ☐ No (SKIP TO E.06) ☐ Don't know (SKIP TO E.06)

If YES What was it for and what drug was it? Please indicate how much you consumed:

Code	Drug Name (if "other")	Method(s) of Administration – <i>Circle ALL</i>	Prescribed	Amount
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	

E.06 Did you have any **ecstasy, GHB** (incl. GBL or BD) or **ketamine** YESTERDAY (including up to 4am this morning)?

☐ Yes ☐ No (SKIP TO E.07) ☐ Don't know (SKIP TO E.07)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Ecstasy	"E", "X", MDMA, MDA, MDEA	Y N DK	Oral / Smoke / Inject / Snort / Other	
GHB, GBL, BD	"G"	Y N DK	Oral / Inject / Other	
Ketamine	"K", special K	Y N DK	Oral / Smoke / Inject / Snort / Other	

E.07 Did you have any **amphetamines** YESTERDAY (including up to 4am this morning)?

☐ Yes ☐ No (SKIP TO E.08) ☐ Don't know (SKIP TO E.08)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Amphetamine	Speed, crank	Y N DK	Oral / Smoke / Inject / Snort / Other	
Crystal Meth	Crystal, meth,	Y N DK	Oral / Smoke / Inject / Snort / Other	

E.08 Did you have any other **illicit drugs** YESTERDAY (including up to 4am this morning)?

☐ Yes ☐ No (SKIP TO next section) ☐ Don't know (SKIP TO next section)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Cocaine (powder)	Coke, blow, snow	Y N DK	Oral / Smoke / Inject / Snort / Other	
Crack	Rock	Y N DK	Oral / Smoke / Inject / Snort / Other	
Heroin	Down, junk	Y N DK	Oral / Smoke / Inject / Snort / Other	
LSD	Acid	Y N DK	Oral / Smoke / Inject / Snort / Other	
Mushrooms	Shrooms	Y N DK	Oral / Smoke / Inject / Snort / Other	
Salvia		Y N DK	Oral / Smoke / Inject / Snort / Other	
Solvents/Glue		Y N DK	Oral / Smoke / Inject / Snort / Other	
Other (specify)	.....	Y N DK	Oral / Smoke / Inject / Snort / Other	
Other (specify)	.....	Y N DK	Oral / Smoke / Inject / Snort / Other	

Sexual Activity Yesterday

This section asks about possible sexual activity yesterday. In particular, we are interested in the two hours before or during sex/sexual activity. We appreciate you answering these questions, but if you don't feel comfortable you can skip this section.

E.09 Did you participate in any sexual activities YESTERDAY (including up to 4am this morning) which involved substance use within the two hours before or during that sexual activity?

- ☐ Yes
- ☐ No (Return the survey to the interviewer)
- ☐ Don't know (Return the survey to the interviewer)
- ☐ Refused (Return the survey to the interviewer)

E.10 Did it include any of the following?
Potential risks are different based on type of sexual activity (check ALL that apply):

- ☐ Penis-vagina intercourse with a condom
- ☐ Penis-vagina intercourse without a condom
- ☐ Received (bottomed) penis-anus intercourse with a condom
- ☐ Received (bottomed) penis-anus intercourse without a condom
- ☐ Gave (topped) penis-anus intercourse with a condom
- ☐ Gave (topped) penis-anus intercourse without a condom
- ☐ Received oral sex - mouth to penis/vagina
- ☐ Received oral sex – mouth to anus
- ☐ Gave oral sex - mouth to penis/vagina
- ☐ Gave oral sex – mouth to anus
- ☐ None of the above

E.11 What was your partner's sex?
(check ONE only):

- ☐ Male
- ☐ Female
- ☐ Other (specify): _____
- ☐ Multiple partners (specify the numbers & their biological sex. e.g. 2 males, 1 female):

E.12 Which option BEST FITS your relationship with the sex partner?
(check ONE only. If "Multiple partners" selected above, choose "Other" and specify):

- ☐ Monogamous partner (e.g., intimate relationship with only one other person)
- ☐ Casual partner (e.g., "friends with benefits")
- ☐ One night stand
- ☐ They were a sex worker
- ☐ They were a sex work client of mine
- ☐ Other (specify):

E.13 Please indicate all substances (Alcohol, Viagra, etc.) you used up to 2 hours before or during sex. *(check ALL that apply)*

- ☐ Alcohol
- ☐ Marijuana
- ☐ Tobacco
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Amphetamines (e.g. Dexedrine, Adderall)
- ☐ Crystal Meth
- ☐ Cocaine
- ☐ Crack
- ☐ Heroin
- ☐ LSD
- ☐ Mushrooms
- ☐ Salvia
- ☐ Viagra (or similar)
- ☐ Other (specify) _____

E.14 Did your sexual partner(s) use any substances up to 2 hours before or during sex?

- ☐ Yes
- ☐ No (SKIP TO E.16)
- ☐ Don't know (SKIP TO E.16)

E.15 If YES, please list all substances (Alcohol, Viagra, etc.) that your partner used up to 2 hours before or during sex.
(check ALL that apply)

- ☐ Alcohol
- ☐ Marijuana
- ☐ Tobacco
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Amphetamines (e.g. Dexedrine, Adderall)
- ☐ Crystal Meth
- ☐ Cocaine
- ☐ Crack
- ☐ Heroin
- ☐ LSD
- ☐ Mushrooms
- ☐ Salvia
- ☐ Viagra (or similar)
- ☐ Other (specify) _____
- ☐ I don't know what substances they used

E.16 Did you expect to have sex when you used substances within this 2 hour time frame?

- ☐ Yes
- ☐ No

Briefly explain your answer:

Please flip to the next page & return survey to interviewer

F. Alcohol & Drug Use Last Friday Or Saturday

If weekday of interview is Monday, Wednesday, Friday or Sunday: ask about LAST FRIDAY.
If weekday of interview is Tuesday, Thursday or Saturday: ask about LAST SATURDAY.

Day being queried (circle ONE): LAST FRIDAY LAST SATURDAY

F.01 Did you have alcohol, tobacco or other drugs LAST including up to 4am the next morning?

Yes No (SKIP TO G.01.01) Don't know (SKIP TO G.01.01)

If YES. Can you tell me where you had these substances? (check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public washroom
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Abandoned or vacant building
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify):

F.02 Did you drink any alcohol LAST (including up to 4am the next morning?)

Yes No (SKIP TO F.03) Don't know (SKIP TO F.03)

If YES Please indicate how much of each of the following you drank:

Type	Use?	TOTAL # of drinks:	Were these brewed / made by you or U-brew/U-Vin?	Were any purchased in another country or Canadian province?
Beer	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Wine	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Spirits	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Cooler or Cider	Y N DK		No / Yes / Unsure If Yes, # drinks:	No / Yes / Unsure If Yes, # drinks:
Mouthwash or Rubbing Alcohol	Y N DK			

F.03 Did you have any marijuana, cannabis or hashish LAST (including up to 4am the next morning)?

Yes No (SKIP TO F.04) Don't know (SKIP TO F.04)

If YES Please indicate how much of each of the following you consumed:

Type	Use?	Method(s) of Administration – Circle ALL	Amount (ex: g)	# of Joints*
Marijuana / Leaf / Bud	Y N DK	Joint / Pipe / Bong / Vaporizer / Food / Other		
Hashish / Oil / Resin	Y N DK	Joint / Pipe / Bong / Vaporizer / Food / Other		

*Note: 1 Joint = 10 puffs, 1 bowl, 2 bong or pipe hits or ½ gram marijuana/cannabis/hashish

F.04 Did you have any tobacco LAST (including up to 4am the next morning)?

Yes No (SKIP TO F.05) Don't know (SKIP TO F.05)

If YES Please indicate how much of each of the following you consumed:

Type	Use?	Amount
Cigarette (incl. hand rolled)	Y N DK	
Cigar	Y N DK	
Pipe / Hookah	Y N DK	
Snuff / Chewing Tobacco	Y N DK	
e-Cigarettes (indicate ml and strength)	Y N DK	

F.05 Did you have any **pharmaceutical drugs** LAST _____ (including up to 4am the next morning) whether you were prescribed them or not?

☐ Yes ☐ No (SKIP TO F.06) ☐ Don't know (SKIP TO F.06)

If YES What was it for and what drug was it? Please indicate how much you consumed:

Code	Drug Name (if "other")	Method(s) of Administration – <i>Circle ALL</i>	Prescribed	Amount
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	
		Oral / Smoke / Inject / Snort / Other	Y N DK	

F.06 Did you have any **ecstasy, GHB** (incl. GBL or DB) or **ketamine** LAST _____ (including up to 4am the next morning)?

☐ Yes ☐ No (SKIP TO F.07) ☐ Don't know (SKIP TO F.07)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Ecstasy	"E", "X", MDMA, MDA, MDEA	Y N DK	Oral / Smoke / Inject / Snort / Other	
GHB, GBL, BD	"G"	Y N DK	Oral / Inject / Other	
Ketamine	"K", special K	Y N DK	Oral / Smoke / Inject / Snort / Other	

F.07 Did you have any **amphetamines** LAST _____ (including up to 4am the next morning)?

☐ Yes ☐ No (SKIP TO F.08) ☐ Don't know (SKIP TO F.08)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Amphetamine	Speed, crank	Y N DK	Oral / Smoke / Inject / Snort / Other	
Crystal Meth	Crystal, meth, gak, jib. tina	Y N DK	Oral / Smoke / Inject / Snort / Other	

F.08 Did you have any other **illicit drugs** LAST _____ (including up to 4am the next morning)?

☐ Yes ☐ No (SKIP TO next section) ☐ Don't know (SKIP TO next section)

If YES Please indicate how much of each of the following you consumed:

Type	Common names	Use?	Method(s) of Administration – <i>Circle ALL</i>	Amount
Cocaine (powder)	Coke, blow, yay, snow	Y N DK	Oral / Smoke / Inject / Snort / Other	
Crack	Rock	Y N DK	Oral / Smoke / Inject / Snort / Other	
Heroin	Down, junk	Y N DK	Oral / Smoke / Inject / Snort / Other	
LSD	Acid	Y N DK	Oral / Smoke / Inject / Snort / Other	
Mushrooms	Shrooms	Y N DK	Oral / Smoke / Inject / Snort / Other	
Salvia		Y N DK	Oral / Smoke / Inject / Snort / Other	
Solvents/Glue		Y N DK	Oral / Smoke / Inject / Snort / Other	
Other (specify)	.....	Y N DK	Oral / Smoke / Inject / Snort / Other	
Other (specify)	.....	Y N DK	Oral / Smoke / Inject / Snort / Other	

Sexual Activity Last Friday or Saturday

This section asks about possible sexual activity last Friday/Saturday (*Think of the same day as the previous section*). In particular, we are interested in the two hours before or during sex/sexual activity. We appreciate you answering these questions, but if you don't feel comfortable you can skip this section.

F.09 Did you participate in any sexual activities Last Friday/Saturday (including up to 4am the next morning) which involved substance use within the two hours before or during that sexual activity?

- ☐ Yes
- ☐ No (Return the survey to the interviewer)
- ☐ Don't know (Return the survey to the interviewer)
- ☐ Refused (Return the survey to the interviewer)

F.10 Did it include any of the following?
Potential risks are different based on type of sexual activity (check ALL that apply):

- ☐ Penis-vagina intercourse with a condom
- ☐ Penis-vagina intercourse without a condom
- ☐ Received (bottomed) penis-anus intercourse with a condom
- ☐ Received (bottomed) penis-anus intercourse without a condom
- ☐ Gave (topped) penis-anus intercourse with a condom
- ☐ Gave (topped) penis-anus intercourse without a condom
- ☐ Received oral sex - mouth to penis/vagina
- ☐ Received oral sex – mouth to anus
- ☐ Gave oral sex - mouth to penis/vagina
- ☐ Gave oral sex – mouth to anus
- ☐ None of the above

F.11 What was your partner's sex?
(check ONE only):

- ☐ Male
- ☐ Female
- ☐ Other (specify): _____
- ☐ Multiple partners (specify the numbers & their biological sex. e.g. 2 males, 1 female):

F.12 Which option BEST FITS your relationship with the sex partner?
(check ONE only. If "Multiple partners" selected above, choose "Other" and specify):

- ☐ Monogamous partner (e.g., intimate relationship with only one other person)
- ☐ Casual partner (e.g., "friends with benefits")
- ☐ One night stand
- ☐ They were a sex worker
- ☐ They were a sex work client of mine
- ☐ Other (specify):

F.13 If YES, please indicate all substances (Alcohol, Viagra, etc.) you used up to 2 hours before or during sex. *(check ALL that apply)*

- ☐ Alcohol
- ☐ Marijuana
- ☐ Tobacco
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Amphetamines (e.g. Dexedrine, Adderall)
- ☐ Crystal Meth
- ☐ Cocaine
- ☐ Crack
- ☐ Heroin
- ☐ LSD
- ☐ Mushrooms
- ☐ Salvia
- ☐ Viagra (or similar)
- ☐ Other (specify) _____

F.14 Did your sexual partner(s) use any substances up to 2 hours before or during sex?

- ☐ Yes
- ☐ No (SKIP TO F.16)
- ☐ Don't know (SKIP TO F.16)

F.15 If YES, please list all substances (Alcohol, Viagra, etc.) that your partner used up to 2 hours before or during sex.
(check ALL that apply)

- ☐ Alcohol
- ☐ Marijuana
- ☐ Tobacco
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Amphetamines (e.g. Dexedrine, Adderall)
- ☐ Crystal Meth
- ☐ Cocaine
- ☐ Crack
- ☐ Heroin
- ☐ LSD
- ☐ Mushrooms
- ☐ Salvia
- ☐ Viagra (or similar)
- ☐ Other (specify) _____

☐ I don't know what substances they used

F.16 Did you expect to have sex when you used substances within this 2 hour time frame?

- ☐ Yes
- ☐ No

Briefly explain your answer:

Please flip to the next page & return survey to interviewer

G.01 Ecstasy / MDMA / MDA / MDEA Use, Availability, Price & Purity

G.01.01 Have you EVER used ecstasy in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.01.02 Where were you the MOST RECENT time you used ecstasy?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.01.03 Have you used ecstasy in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.01.04 In the PAST 12 MONTHS where have you USUALLY used ecstasy (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.01.08 How would you rate your knowledge of the price, availability and purity of ecstasy in your region?

- ☐ I know nothing about it (SKIP TO G.01.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.01.09 How much did ecstasy cost the MOST RECENT time you purchased it?

\$ _____ per tablet or capsule

\$ _____ for powder per _____ (quantity)

- ☐ Don't know or don't remember

G.01.10 How easy is it to get ecstasy at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.01.11 Has the availability of ecstasy changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.01.12 How pure would you say ecstasy is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.01.13 Has the purity of ecstasy changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.01.14 How many different people have you bought ecstasy from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.01.20.)

G.01.15 In the PAST 12 MONTHS how often did you buy ecstasy (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.01.16 Who have you bought ecstasy from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.01.17 In the PAST 12 MONTHS who did you usually purchase ecstasy for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.01.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) ecstasy at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.01.19 In the PAST 12 MONTHS how did you pay for the ecstasy you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.01.20 Think about the person or place that you got ecstasy from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.02 Cocaine (Powder) Use, Availability, Price & Purity

G.02.01 Have you EVER used cocaine powder in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.02.02 Where were you the MOST RECENT time you used cocaine powder?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.02.03 Have you used cocaine powder in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.02.04 In the PAST 12 MONTHS where have you USUALLY used cocaine powder (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.02.08 How would you rate your knowledge of the price, availability and purity of cocaine powder in your region?

- ☐ I know nothing about it (SKIP TO G.02.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.02.09 How much did cocaine powder cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.02.10 How easy is it to get cocaine powder at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.02.11 Has the availability of cocaine powder changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.02.12 How pure would you say cocaine powder is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.02.13 Has the purity of cocaine powder changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.02.14 How many different people have you bought cocaine powder from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.02.20.)

G.02.15 In the PAST 12 MONTHS how often did you buy cocaine powder (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.02.16 Who have you bought cocaine powder from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.02.17 In the PAST 12 MONTHS who did you usually purchase cocaine powder for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.02.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) cocaine powder at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.02.19 In the PAST 12 MONTHS how did you pay for the cocaine powder you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.02.20 Think about the person or place that you got cocaine powder from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.03 Crack Cocaine Use, Availability, Price & Purity

G.03.01 Have you EVER used crack in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.03.02 Where were you the MOST RECENT time you used crack?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.03.03 Have you used crack in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.03.04 In the PAST 12 MONTHS where have you USUALLY used crack (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.03.08 How would you rate your knowledge of the price, availability and purity of crack in your region?

- ☐ I know nothing about it (SKIP TO G.03.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.03.09 How much did crack cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.03.10 How easy is it to get crack at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.03.11 Has the availability of crack changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.03.12 How pure would you say crack is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.03.13 Has the purity of crack changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.03.14 How many different people have you bought crack from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.03.20.)

G.03.15 In the PAST 12 MONTHS how often did you buy crack (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.03.16 Who have you bought crack from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.03.17 In the PAST 12 MONTHS who did you usually purchase crack for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.03.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) crack at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.03.19 In the PAST 12 MONTHS how did you pay for the crack you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.03.20 Think about the person or place that you got crack from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO G.03.21)
- ☐ Don't know (SKIP TO G.03.21)
- ☐ Refused (SKIP TO G.03.21)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.03.21 In the PAST 12 MONTHS how often have you shared a crack pipe (*either without a mouthpiece or without changing the mouthpiece*)?
(check ONE box only)

- ☐ Not in the PAST 12 MONTHS
- ☐ Less than once a month
- ☐ Once a month to once a week
- ☐ More than once a week but less than daily
- ☐ Once a day
- ☐ More than once a day
- ☐ Don't know
- ☐ Refused

G.03.22 In the PAST 30 DAYS how many times have you shared a crack pipe (*either without a mouthpiece or without changing the mouthpiece*)?
(*check ONE box only*)

- ☐ Not in the past 30 days
- ☐ Once or twice
- ☐ 3-5 times
- ☐ 6-10 times
- ☐ 11-20 times
- ☐ 21-50 times
- ☐ more than 50 times
- ☐ Don't know
- ☐ Refused

G.03.23 In the PAST 30 DAYS where have you obtained crack pipes or clean mouthpieces?
(*Check ALL that apply*)

<u>Source</u>	<u>How many?</u>
<input type="checkbox"/> Crack pipe distribution program	_____
<input type="checkbox"/> Outreach program	_____
<input type="checkbox"/> Drug dealer	_____
<input type="checkbox"/> Other drug user	_____
<input type="checkbox"/> Friend/partner	_____
<input type="checkbox"/> Purchased in store	_____
<input type="checkbox"/> Found items (i.e. cans)	_____
<input type="checkbox"/> Bought items in store	_____
<input type="checkbox"/> Purchased on street	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Did not obtain crack pipes/mouthpieces in the past 30 days	

G.04 Crystal Methamphetamine Use, Availability, Price & Purity

G.04.01 Have you EVER used crystal meth in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.04.02 Where were you the MOST RECENT time you used crystal meth?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.04.03 Have you used crystal meth in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.04.04 In the PAST 12 MONTHS where have you USUALLY used crystal meth (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.04.08 How would you rate your knowledge of the price, availability and purity of crystal meth in your region?

- ☐ I know nothing about it (SKIP TO G.04.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.04.09 How much did crystal meth cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.04.10 How easy is it to get crystal meth at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.04.11 Has the availability of crystal meth changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.04.12 How pure would you say crystal meth is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.04.13 Has the purity of crystal meth changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.04.14 How many different people have you bought crystal meth from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.04.20.)

G.04.15 In the PAST 12 MONTHS how often did you buy crystal meth (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.04.16 Who have you bought crystal meth from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.04.17 In the PAST 12 MONTHS who did you usually purchase crystal meth for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.04.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) crystal meth at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.04.19 In the PAST 12 MONTHS how did you pay for the crystal meth you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.04.20 Think about the person or place that you got crystal meth from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.05 LSD Use, Availability, Price & Purity

G.05.01 Have you EVER used LSD in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.05.02 Where were you the MOST RECENT time you used LSD?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.05.03 Have you used LSD in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.05.04 In the PAST 12 MONTHS where have you USUALLY used LSD (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.05.08 How would you rate your knowledge of the price, availability and purity of LSD in your region?

- ☐ I know nothing about it (SKIP TO G.05.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.05.09 How much did LSD cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.05.10 How easy is it to get LSD at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.05.11 Has the availability of LSD changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.05.12 How pure would you say LSD is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.05.13 Has the purity of LSD changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.05.14 How many different people have you bought LSD from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.05.20.)

G.05.15 In the PAST 12 MONTHS how often did you buy LSD (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.05.16 Who have you bought LSD from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.05.17 In the PAST 12 MONTHS who did you usually purchase LSD for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.05.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) LSD at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.05.19 In the PAST 12 MONTHS how did you pay for the LSD you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.05.20 Think about the person or place that you got LSD from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.06 Heroin Use, Availability, Price & Purity

G.06.01 Have you EVER used heroin in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.06.02 Where were you the MOST RECENT time you used heroin?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.06.03 Have you used heroin in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.06.04 In the PAST 12 MONTHS where have you USUALLY used heroin (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.06.08 How would you rate your knowledge of the price, availability and purity of heroin in your region?

- ☐ I know nothing about it (SKIP TO G.06.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.06.09 How much did heroin cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.06.10 How easy is it to get heroin at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.06.11 Has the availability of heroin changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.06.12 How pure would you say heroin is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.06.13 Has the purity of heroin changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.06.14 How many different people have you bought heroin from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.06.20.)

G.06.15 In the PAST 12 MONTHS how often did you buy heroin (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.06.16 Who have you bought heroin from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.06.17 In the PAST 12 MONTHS who did you usually purchase heroin for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.06.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) heroin at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.06.19 In the PAST 12 MONTHS how did you pay for the heroin you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.06.20 Think about the person or place that you got heroin from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.07 Magic Mushrooms Use, Availability, Price & Purity

G.07.01 Have you EVER used mushrooms in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.07.02 Where were you the MOST RECENT time you used mushrooms?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.07.03 Have you used mushrooms in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.07.04 In the PAST 12 MONTHS where have you USUALLY used mushrooms (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.07.08 How would you rate your knowledge of the price and availability of mushrooms in your region?

- ☐ I know nothing about it (SKIP TO G.07.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.07.09 How much did mushrooms cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.07.10 How easy is it to get mushrooms at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.07.11 Has the availability of mushrooms changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.07.14 How many different people have you bought mushrooms from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
 - ☐ Refused
- (If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.07.20.)

G.07.15 In the PAST 12 MONTHS how often did you buy mushrooms (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.07.16 Who have you bought mushrooms from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.07.17 In the PAST 12 MONTHS who did you usually purchase mushrooms for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.07.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) mushrooms at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.07.19 In the PAST 12 MONTHS how did you pay for the mushrooms you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.07.20 Think about the person or place that you got mushrooms from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.08 GHB / GBL / BD Use, Availability, Price & Purity

Interviewer: Please tell the interviewee “references to GHB also include GBL and BD” (these substances are metabolized into GHB in the body).

G.08.01 Have you EVER used GHB in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.08.02 Where were you the MOST RECENT time you used GHB?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.08.03 Have you used GHB in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.08.04 In the PAST 12 MONTHS where have you USUALLY used GHB (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.08.08 How would you rate your knowledge of the price, availability and purity of GHB in your region?

- ☐ I know nothing about it (SKIP TO G.08.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.08.09 How much did GHB cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.08.10 How easy is it to get GHB at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.08.11 Has the availability of GHB changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.08.12 How pure would you say GHB is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.08.13 Has the purity of GHB changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.08.14 How many different people have you bought GHB from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
 - ☐ Refused
- (If “DID NOT BUY / ONLY GIFTED”, ENTER 0 then SKIP TO G.08.20.)

G.08.15 In the PAST 12 MONTHS how often did you buy GHB (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.08.16 Who have you bought GHB from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.08.17 In the PAST 12 MONTHS who did you usually purchase GHB for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.08.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) GHB at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.08.19 In the PAST 12 MONTHS how did you pay for the GHB you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.08.20 Think about the person or place that you got GHB from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ Ketamine ("K", special K)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

G.09 Ketamine Use, Availability, Price & Purity

G.09.01 Have you EVER used ketamine in your lifetime?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

G.09.02 Where were you the MOST RECENT time you used ketamine?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

G.09.03 Have you used ketamine in the PAST 12 MONTHS?
(Cross-check with response given in B.01)

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)

G.09.04 In the PAST 12 MONTHS where have you USUALLY used ketamine (i.e. where have you been while under the influence)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Outdoors in nature (e.g. at an event)
- ☐ In a vehicle (as a passenger)
- ☐ In a vehicle (as the driver)
- ☐ Other (specify) _____

Please answer the following questions only if you feel confident of your knowledge.

G.09.08 How would you rate your knowledge of the price, availability and purity of ketamine in your region?

- ☐ I know nothing about it (SKIP TO G.09.14)
- ☐ I have a little bit of knowledge
- ☐ I know a lot

G.09.09 How much did ketamine cost the MOST RECENT time you purchased it?

\$ _____ per _____ (quantity)

- ☐ Don't know or don't remember

G.09.10 How easy is it to get ketamine at the moment (availability)?

- ☐ Very easy — score within 90 minutes
- ☐ Easy — score within a day
- ☐ Difficult — score in more than one day
- ☐ Very difficult — could not score this drug
- ☐ Don't know

G.09.11 Has the availability of ketamine changed in the PAST 12 MONTHS?

- ☐ Becoming easier to get
- ☐ Staying about the same
- ☐ Becoming more difficult to get
- ☐ Fluctuates in availability
- ☐ Don't know

G.09.12 How pure would you say ketamine is at the moment?

- ☐ High purity
- ☐ Medium purity
- ☐ Low purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.09.13 Has the purity of ketamine changed in the PAST 12 MONTHS?

- ☐ Increasing in purity
- ☐ Stayed about the same
- ☐ Decreasing in purity
- ☐ Fluctuates in purity
- ☐ Don't know

G.09.14 How many different people have you bought ketamine from in the PAST 12 MONTHS (includes trading goods or services)?

Enter number of people _____

- ☐ Don't know
- ☐ Refused

(If "DID NOT BUY / ONLY GIFTED", ENTER 0 then SKIP TO G.09.20.)

G.09.15 In the PAST 12 MONTHS how often did you buy ketamine (includes trading goods or services)?
(check ONE box only)

- ☐ Monthly or less (1–12 times)
- ☐ Every two weeks or less (13–24 times)
- ☐ Weekly or less (25–52 times)
- ☐ Daily or less (53–365+ times)
- ☐ Don't Know
- ☐ Refused

G.09.16 Who have you bought ketamine from in the PAST 12 MONTHS (includes trading goods or services)?
(check ALL that apply)

- ☐ Friends
- ☐ Known dealer
- ☐ Work Colleagues
- ☐ Acquaintances (friends of friends)
- ☐ Pimp
- ☐ Sex trade worker
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Unknown dealer
- ☐ Other (specify) _____

G.09.17 In the PAST 12 MONTHS who did you usually purchase ketamine for (includes trading goods or services)?
(check ONE box only)

- ☐ Yourself only
- ☐ Yourself and others (e.g. friends)
- ☐ Others only
- ☐ Refused

G.09.18 In the PAST 12 MONTHS what venues (locations) did you score (buy) ketamine at (includes trading goods or services)?
(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Trick / date / john's home
- ☐ Party at someone's home
- ☐ Rave / dance party / music festival
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ Live music event (e.g. band or concert)
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Other (specify) _____

G.09.19 In the PAST 12 MONTHS how did you pay for the ketamine you purchased (includes trading goods or services)?
(check ALL that apply)

- ☐ Paid employment (wage/salary)
- ☐ Credit from dealers
- ☐ Government allowance/welfare
- ☐ Borrowed money from friends
- ☐ Borrowed money from family
- ☐ Drug dealing for personal supply
- ☐ Drug dealing for cash profit
- ☐ Panhandling
- ☐ Middling / Steering
- ☐ Bartering drugs/goods
- ☐ Fraud
- ☐ Property crime
- ☐ Sex work / tricks / "dates"
- ☐ Other (specify) _____
- ☐ Refused

G.09.20 Think about the person or place that you got ketamine from most often during the PAST 12 MONTHS: could you get other drugs there too?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

If YES, which other drugs?

- ☐ Cannabis (marijuana, hashish, etc.)
- ☐ Cocaine powder (coke, blow)
- ☐ Crack (rock)
- ☐ Amphetamine (speed powder or pills)
- ☐ Crystal meth (tina, jib, gak)
- ☐ Heroin (down)
- ☐ LSD (acid)
- ☐ Magic mushrooms
- ☐ Ecstasy ("E", MDMA/MDA/MDEA)
- ☐ GHB / GBL / BD ("G", liquid ecstasy)
- ☐ Methadone (juice)
- ☐ Pain killers (morphine, oxycodone, etc.)
- ☐ Other prescription drugs
- ☐ Other (specify) _____

H. Injection Drug Use

H.00. Have you ever injected any drugs for recreational purposes?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

H.01 Please describe your INJECTION use of the following drugs over the PAST 30 DAYS:

Question Key:

(Interviewer: please score the answers to each of the following questions in the corresponding column in the grid. Use the frequency codes shown to record average usage frequency.)

Q.1 About how often have you injected this drug in the PAST 30 days?

(score Average Usage Frequency codes)

- A: not in the PAST 30 days / month
- B: 1 to 3 times per month
- C: about once per week
- D: 2 to 5 times per week
- E: about once a day or more

Q. 3 In the PAST 7 DAYS, on how many days did you inject this drug?

(score # of days when drug injected)

Q. 4 In the PAST 7 DAYS, on the days you injected, on average about how many times per day did you inject this drug?

(score average # of injections per day)

Q.2: In the PAST 30 days, on a typical day when you injected, about how many times did you inject this drug?

(score # of injections per day)

		PAST 30 DAYS		PAST 7 DAYS	
Interviewer ask:		Q. 1	Q. 2	Q. 3	Q. 4
Drug INJECTED	Ever Injected?	Average Usage (Freq Code)	average # injections per day	PAST 7 days # days drug injected	average # injections per day
Cocaine (powder)	Y N DK				
Crack	Y N DK				
Amphetamine (Speed)	Y N DK				
Crystal meth	Y N DK				
Heroin	Y N DK				
“Speedballs” (Heroin & Cocaine)	Y N DK				
Talwin & Ritalin (“T’s & R’s”)	Y N DK				
Methadone	Y N DK				
Dilaudid (dilly)	Y N DK				
Morphine / MS Contin (Peeler)	Y N DK				
Oxycodone / Percocet	Y N DK				
Codeine / T3’s / T4’s	Y N DK				
Other (specify):	Y N DK				
Other (specify):	Y N DK				
Other (specify):	Y N DK				
Other (specify):	Y N DK				

H.01.02. Have you injected any drugs in the past 12 months?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

H.02 In the PAST 12 MONTHS where have you USUALLY injected (i.e. where have you fixed)?

(check ALL that apply)

- ☐ My own home
- ☐ My partner or lover's home
- ☐ Relative's home
- ☐ Friend or acquaintance's home
- ☐ Dealer's home
- ☐ Party at someone's home
- ☐ Restaurant / cafe / coffee shop
- ☐ Night club / bar / pub
- ☐ Crack house / shooting gallery
- ☐ School / college / university
- ☐ My workplace
- ☐ Jail / prison / youth detention centre
- ☐ Public washroom
- ☐ Public place (e.g. street, park, alley, mall)
- ☐ Abandoned or vacant building
- ☐ In a vehicle
- ☐ Supervised Injection Site (e.g. Insite)
- ☐ Other (specify) _____

H.03 In the PAST 12 MONTHS, how often have you fixed with others?

- ☐ Always — 100% of the time
- ☐ Usually — over 75% of the time
- ☐ Sometimes — 26-74% of the time
- ☐ Occasionally — under 25% of the time
- ☐ Never (SKIP TO H.05)
- ☐ Don't Know (SKIP TO H.05)
- ☐ Refused (SKIP TO H.05)

H.04 In the PAST 12 MONTHS who have you fixed with?

(check ALL that apply)

- ☐ Partner / lover / casual sex partner
- ☐ Family member or relative
- ☐ Friend or acquaintance (friend of a friend)
- ☐ Dealer
- ☐ Pimp
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Stranger
- ☐ Other (specify) _____

H.05 In the PAST 12 MONTHS during periods when you are injecting drugs, on average how often do you inject (includes being injected by someone else)?

(check ONE box only)

- ☐ Once a week or less
- ☐ More than once a week but less than daily
- ☐ Once a day
- ☐ 2-3 times a day
- ☐ More than 3 times a day
- ☐ Don't know
- ☐ Refused

H.06 In the PAST 12 MONTHS how often have you shared a needle or injecting equipment (e.g. rigs, syringes, spoons, cookers)?

(check ONE box only)

- ☐ Not in the PAST 12 MONTHS (SKIP TO H.06.b)
- ☐ Less than once a month
- ☐ Once a month to once a week
- ☐ More than once a week but less than daily
- ☐ Once a day
- ☐ More than once a day
- ☐ Don't know
- ☐ Refused

H.06.a In the PAST 30 DAYS how many times have you shared a needle or injecting equipment(e.g. rigs, syringes, spoons, cookers)?

(check ONE box only)

- ☐ Not in the past 30 days
- ☐ Once or twice
- ☐ 3-5 times
- ☐ 6-10 times
- ☐ 11-20 times
- ☐ 21-50 times
- ☐ more than 50 times
- ☐ Don't know
- ☐ Refused

H.06.b In the PAST 30 DAYS where have you obtained new needles/syringes?

(Check ALL that apply)

Source	How many?
<input type="checkbox"/> Needle exchange program	_____
<input type="checkbox"/> Pharmacy/drug store	_____
<input type="checkbox"/> Hospital/doctor/clinic	_____
<input type="checkbox"/> Outreach program	_____
<input type="checkbox"/> Drug dealer	_____
<input type="checkbox"/> Other drug user	_____
<input type="checkbox"/> Friend/partner	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Did not obtain new needles/syringes in the past 30 days	

H.07 In the PAST 12 MONTHS, did you go on runs or binges (that is, when you injected drugs over a period of 24 hours or more without sleeping)?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't Know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

H.08 How many times did you binge or go on a run in the PAST 12 MONTHS (that is, when you injected drugs over a period of 24 hours or more without sleeping)?

Enter times in the PAST 12 MONTHS _____

- ☐ Don't know
- ☐ Refused

H.09 In the PAST 12 MONTHS, on average how long did a binge or run last?

Enter number of days _____
☐ Don't Know
☐ Refused

H.10 In the PAST 12 MONTHS, when you were on a binge or run, on average about how many times per day did you inject a drug (for all drugs combined)?

Enter number of injections per day _____
☐ Don't Know
☐ Refused

H.11 In the PAST 12 MONTHS, what drugs have you INJECTED when you were on a binge or run (that is, when you injected drugs over a period of 24 hours or more without sleeping)?

Interviewer ask:
What drug did you inject the most (score 1), what was the next most injected (score 2), and what was the next most injected (score 3)?

Drug Injected	Circle used	Most injected 1, 2 & 3
Cocaine (powder)	Y N DK	
Crack	Y N DK	
Speed	Y N DK	
Crystal meth	Y N DK	
Heroin	Y N DK	
“Speedballs”	Y N DK	
Talwin & Ritalin	Y N DK	
Methadone	Y N DK	
Dilaudid	Y N DK	
Morphine	Y N DK	
Oxycodone	Y N DK	
Codeine	Y N DK	
Ketamine	Y N DK	
Steroids	Y N DK	
Other (specify):	Y N DK	
Other (specify):	Y N DK	
Other (specify):	Y N DK	
Other (specify):	Y N DK	

J. Risks and Harms

Interviewer: PLEASE READ

I am going to ask you some questions about your experience of using tobacco products and other drugs across your LIFETIME and in the PAST 3 MONTHS. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know.

J.01.01

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

J.01.02

In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC.)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

Interviewer:

- If "Never" to all items in J.01.02, SKIP TO J.01.06.
- If any substances in J.01.02 were used in the previous three months, continue with J.01.03, -04 & -05 for each substance used.

J.01.03

During the <u>past three months</u> , how often have you had a strong desire or urge to use (<i>FIRST DRUG, SECOND DRUG, ETC.</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

J.01.04

During the <u>past three months</u> , how often has your use of (<i>FIRST DRUG, SECOND DRUG, ETC.</i>) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

J.01.05

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, ETC.</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

Interviewer: Ask J.01.06 & -07 for all substances ever used (i.e. those endorsed in J.01.01)

J.01.06

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of <i>(FIRST DRUG, SECOND DRUG, ETC.)</i> ?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

J.01.07

Have you <u>ever</u> tried and failed to control, cut down or stop using <i>(FIRST DRUG, SECOND DRUG, ETC.)</i> ?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (ecstasy, dexadrine, crystal meth, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, DMT, mushrooms, ketamine, salvia, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

J.01.08

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you <u>ever</u> used any drug by injection? <i>(NON-MEDICAL USE ONLY)</i>	0	2	1

J.02 HARMS RELATED TO DRUG USE

Interviewer: PLEASE READ

The next few questions ask about experiences you may have had as a result of your drug use (excluding alcohol) across your LIFETIME and in the PAST 12 MONTHS.

J.02.01 Was there ever a time that you felt your drug use had a harmful effect on your friendships or social life?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.02 What about on your physical health? Was there ever a time that you felt your drug use had a harmful effect on your physical health?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.03 What about on your home life or marriage? Was there ever a time that you felt your drug use had a harmful effect on your home life or marriage?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.04 What about on your work, studies, or employment opportunities? Was there ever a time that you felt your drug use had a harmful effect on your work, studies, or employment opportunities?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.05 During the PAST 12 MONTHS, how many days, if any, were you away from work or school because of your drug use?

Enter number of days _____
☐ Don't know
☐ Refused

J.02.06 What about on your financial position? Was there ever a time that you felt your drug use had a harmful effect on your financial position?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.07 What about legal problems? Was there ever a time when you had legal problems because of your drug use?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.08 What about housing problems? Was there ever a time when you had housing problems because of your drug use?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.09 What about difficulty learning things? Was there ever a time when you had difficulty learning things because of your drug use?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.02.10 Have you been hit or physically assaulted by someone who had been using illicit drugs?
(If YES, ask if it was in the PAST 12 MONTHS?)

- ☐ No, never
- ☐ Yes, but not in the PAST 12 MONTHS
- ☐ Yes, during the PAST 12 MONTHS
- ☐ Don't know
- ☐ Refused

J.03 OVERDOSE

This section asks about overdosing from any drug including alcohol.

J.03.04 How many times have you EVER overdosed on any drug, including alcohol poisoning (i.e., where you had a negative reaction from using too much drugs)?

Enter number of times _____
☐ Don't Know
☐ Refused

(If answer is more than 0 then CONTINUE otherwise SKIP TO J.03.16)

J.03.05 About how many months ago was your MOST RECENT overdose?

Enter number of months _____
☐ Don't know
☐ Refused

J.03.06 The MOST RECENT time you overdosed, what was the MAIN drug that caused this to happen?
(check ONE box only)

- | <u>Non-injection Use</u> | <u>Injection Use</u> |
|---|--------------------------|
| <input type="checkbox"/> Cocaine (powder) | <input type="checkbox"/> |
| <input type="checkbox"/> Crack | <input type="checkbox"/> |
| <input type="checkbox"/> Amphetamine (Speed) | <input type="checkbox"/> |
| <input type="checkbox"/> Crystal meth | <input type="checkbox"/> |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> |
| <input type="checkbox"/> "Speedball" (Heroin & Cocaine) | <input type="checkbox"/> |
| <input type="checkbox"/> "T's & R's" (Talwin & Ritalin) | <input type="checkbox"/> |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> |
| <input type="checkbox"/> Dilaudid | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine / MS Contin | <input type="checkbox"/> |
| <input type="checkbox"/> Oxycodone / Percocet | <input type="checkbox"/> |
| <input type="checkbox"/> Codeine / T3's / T4's | <input type="checkbox"/> |
| <input type="checkbox"/> Sleeping pills | <input type="checkbox"/> |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> |
| <input type="checkbox"/> GHB / GBL / BD | |
| <input type="checkbox"/> Marijuana, cannabis or hashish | |
| <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Other (specify): _____ | |

J.03.07 Were you aware of what drug it was?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

J.03.08 Were you aware of how potent it was?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

J.03.09 Were you taking any other drugs?

- ☐ Yes
- ☐ No (SKIP TO J.03.11)
- ☐ Don't Know (SKIP TO J.03.11)
- ☐ Refused (SKIP TO J.03.11)

J.03.10 What other drugs were you taking the MOST RECENT time you overdosed?
(Check ALL that apply)

- | <u>Non-injection Use</u> | <u>Injection Use</u> |
|---|--------------------------|
| <input type="checkbox"/> Cocaine (powder) | <input type="checkbox"/> |
| <input type="checkbox"/> Crack | <input type="checkbox"/> |
| <input type="checkbox"/> Amphetamine (Speed) | <input type="checkbox"/> |
| <input type="checkbox"/> Crystal meth | <input type="checkbox"/> |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> |
| <input type="checkbox"/> "Speedball" (Heroin & Cocaine) | <input type="checkbox"/> |
| <input type="checkbox"/> "T's & R's" (Talwin & Ritalin) | <input type="checkbox"/> |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> |
| <input type="checkbox"/> Dilaudid | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine / MS Contin | <input type="checkbox"/> |
| <input type="checkbox"/> Oxycodone / Percocet | <input type="checkbox"/> |
| <input type="checkbox"/> Codeine / T3's / T4's | <input type="checkbox"/> |
| <input type="checkbox"/> Sleeping pills | <input type="checkbox"/> |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> |
| <input type="checkbox"/> GHB / GBL / BD | |
| <input type="checkbox"/> Marijuana, cannabis or hashish | |
| <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Other (specify): _____ | |

J.03.11 Were other people with you the MOST RECENT time you overdosed?

- ☐ Yes
- ☐ No (SKIP TO J.03.13)
- ☐ Don't Know (SKIP TO J.03.13)
- ☐ Refused (SKIP TO J.03.13)

J.03.12 Which other people were with you?
(Check ALL that apply)

- ☐ Partner / lover / casual sex partner
- ☐ Family member or relative
- ☐ Friend or acquaintance (friend of a friend)
- ☐ Dealer
- ☐ Pimp
- ☐ Trick / "date" / john
- ☐ Inmate / prisoner
- ☐ Stranger
- ☐ Other (specify) _____

J.03.13 Were you assisted by other people?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

J.03.14 Were you seen by an ambulance or paramedic?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

J.03.15 Were you taken to an Emergency Room or Hospital?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

FENTANYL

J.03.16 Have you ever heard of Fentanyl? Also known as "green meanie", "green monster", "fake oxy" or "street oxy", usually in a green tablet or powdered form.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

J.03.17 Did you knowingly take or suspect you took Fentanyl in the PAST 30 DAYS?

- ☐ Yes
- ☐ No (SKIP TO J.03.23)
- ☐ Don't know (SKIP TO J.03.23)
- ☐ Refused (SKIP TO J.03.23)

J.03.18ai Was there any time in the past 30 days that you suspected you took fentanyl?

- ☐ Yes
- ☐ No (SKIP TO J.03.18b)

J.03.18aai If you suspected you took fentanyl in the past 30 days, which drugs did you think you were taking?
(check ALL that apply)

- ☐ Ecstasy
- ☐ Cocaine
- ☐ Crystal Meth
- ☐ Heroin
- ☐ Other (specify) _____

J.03.18b Was there any time in the past 30 days that you KNOWINGLY took fentanyl?

- ☐ Yes
- ☐ No

J.03.19 How many times did you use Fentanyl in the past 30 days (both knowingly and s)?

Enter number of times _____
☐ Don't Know
☐ Refused

Knowingly: _____ times
Suspected: _____ times

J.03.20 What type of Fentanyl did you use the MOST RECENT TIME? (Either knowingly or suspected)
(check ONE only)

- ☐ Tablet
- ☐ Powder
- ☐ From a patch
- ☐ Lollipop
- ☐ Liquid form
- ☐ Don't know

J.03.20a What drug were you taking the MOST RECENT TIME you knowingly or suspected you took fentanyl?
(check ONE box only)

- ☐ Ecstasy
- ☐ Cocaine
- ☐ Crystal Meth
- ☐ Heroin
- ☐ Pure Fentanyl
- ☐ Other (specify) _____

J.03.20b How was this drug taken the MOST RECENT TIME you knowingly or suspected you took fentanyl?
(check ONE box only)

- ☐ Snorted
- ☐ Smoked
- ☐ Orally
- ☐ Injected
- ☐ Don't know
- ☐ Refused

J.03.21 Did you knowingly take Fentanyl this MOST RECENT TIME?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

J.03.22 Did you have any overdose reactions this MOST RECENT TIME taking Fentanyl?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

NALOXONE

J.03.23 Do you carry naloxone (Narcan)?

- ☐ Yes (SKIP TO J.03.25)
- ☐ No

J.03.24 If NO, why do you **not** carry naloxone (Narcan)? *(probe about barriers to carrying naloxone)*

J.03.25 Have you had training or education on how to prevent and respond to overdose?

- ☐ Yes
- ☐ No (SKIP TO J.03.27)

J.03.26 Did the training include the use of naloxone (Narcan)?

- ☐ Yes
- ☐ No

J.03.27 What do you think are some of the barriers for people getting training on how to prevent and respond to overdose? *(e.g. lack of training opportunities, no time, stigma, etc)*

J.03.28.a Have you ever administered naloxone (Narcan) to someone?

- ☐ Yes
- ☐ No

J.03.28.b Has someone ever administered naloxone (Narcan) to you?

- ☐ Yes
- ☐ No
- ☐ Don't know

PRESCRIPTION (Rx) OPIOIDS

J.03.29 Have you used prescription opioids either without a prescription or not as prescribed in the PAST 12 MONTHS? *(check ONE box only)*

- ☐ Yes, without a prescription (Rx)
- ☐ Yes, not as prescribed
- ☐ Yes, BOTH without a Rx and also not as prescribed
- ☐ No (SKIP TO J.04)
- ☐ Don't know (SKIP TO J.04)
- ☐ Refused (SKIP TO J.04)

J.03.30 How did you obtain prescription opioids in the past 12 months? *(Check ALL that apply)*

- ☐ Own prescription
- ☐ Family/friends/acquaintance's prescription (given or stolen)
- ☐ Bought from any other location (street, dealer, friend, etc)
- ☐ Other (specify):

J.03.31 What are the main reasons you use prescription opioids? *(E.g. pain, recreation, etc.)*

J.03.32 Have you sold any prescription opioids in the PAST 12 MONTHS?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

J.03.33 In the PAST 12 MONTHS, did you combine prescription opioids with any drugs (incl. alcohol) within 2 hours of each other? *(Check ALL that apply)*

- ☐ No, did not combine Rx opioids with other drugs
- ☐ Yes, Alcohol
- ☐ Yes, Benzo's
- ☐ Yes, Methadone
- ☐ Yes, SSRI
- ☐ Yes, Other (specify):

J.03.34 What are the main reasons you combined prescription opioids with other drugs (incl. alcohol)? *(E.g. by mistake, to get a better high, etc.)*

J.04 DRIVING-RELATED RISKS

This section asks about driving a vehicle and the use of any drug or alcohol.

J.04.01 During the PAST 12 MONTHS, have you driven a car, van, truck, motor cycle or any other type of motor vehicle?

- ☐ Yes
- ☐ No (SKIP TO next section)
- ☐ Don't know (SKIP TO next section)
- ☐ Refused (SKIP TO next section)

J.04.02 During the PAST 12 MONTHS, how many times, if any, have you driven a motor vehicle within an hour of having two or more drinks?

Enter number of times _____

- ☐ Don't know
- ☐ Refused

J.04.03 During the PAST 12 MONTHS, how many times, if any, have you driven a motor vehicle within 2 hours of using marijuana, cannabis or hash?

Enter number of times _____

- ☐ Don't know
- ☐ Refused

J.04.04 During the PAST 12 MONTHS, how many times, if any, have you driven a motor vehicle within 2 hours of using any illicit drugs other than alcohol or cannabis?

Enter number of times _____

- ☐ Don't know
- ☐ Refused

J.04.05 During the PAST 12 MONTHS, how many times, if any, have you driven a motor vehicle within 2 hours of using any drugs prescribed for you, or any over the counter medications, that affect your mood and/or level of alertness?

Enter number of times _____

- ☐ Don't know
- ☐ Refused

L. Demographics

L.01 What is your age? years

L.02 What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ OR _____ (Please specify)

L.03 What kind of area do you currently live in?

- ☐ Large urban area (urban/downtown area)
- ☐ Large urban area (suburbs)
- ☐ Small urban area (town, village)
- ☐ Rural area (countryside, farm)

L.04 If you are comfortable disclosing, how do you describe your sexual orientation?

- ☐ Heterosexual/Straight
- ☐ Homosexual/Gay or Lesbian
- ☐ Bisexual
- ☐ Unsure/Questioning
- ☐ Prefer not to disclose
- ☐ OR _____ (Please specify)

L.05 Were you born in Canada?

- ☐ Yes
- ☐ No (SKIP TO L.06)

If YES, in which province or territory were you born?

- ☐ British Columbia
- ☐ Alberta
- ☐ Saskatchewan
- ☐ Manitoba
- ☐ Ontario
- ☐ Québec
- ☐ New Brunswick
- ☐ Nova Scotia
- ☐ Prince Edward Island
- ☐ Newfoundland & Labrador
- ☐ Yukon
- ☐ Northwest Territories
- ☐ Nunavut

(SKIP TO L.08)

L.06 Which country were you born in?

L.07 What year did you come to Canada?

I arrived in

L.08 What ethnic group or family background do you identify yourself as?
(check ALL that apply)

- ☐ White
- ☐ Chinese
- ☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Black (e.g. African, Jamaican or Caribbean)
- ☐ Filipino
- ☐ Latin American
- ☐ Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- ☐ Arab (e.g. Arabic speaking, Maghrebi)
- ☐ West Asian (e.g., Afghan, Iranian, Israeli, Turk, etc.)
- ☐ Japanese
- ☐ Korean
- ☐ Indigenous (e.g. North American Indian, Metis, Inuit)
- ☐ Other (specify) _____
- ☐ Don't know
- ☐ Refused

L.09 .What is the language you feel most comfortable speaking?

- ☐ English
- ☐ French
- ☐ Other (specify) _____

L.10. What type of accommodation do you currently live in?

- ☐ Owned house/apartment (alone or shared)
- ☐ Rented house/apartment (alone or shared)
- ☐ Parents'/carers' family home
- ☐ Foster home
- ☐ Boarding house / hostel / single room occupancy hotel (SRO)
- ☐ Student residence
- ☐ Shelter / refuge
- ☐ Drug Treatment Residence
- ☐ Squat
- ☐ No fixed address/couch surfing/staying with friends
- ☐ Other (specify) _____

L.11 Is your current housing situation stable?

- ☐ Yes
- ☐ No
- ☐ N/A or No fixed address
- ☐ Don't know
- ☐ Refused

L.12. Are you currently attending a university, a college or a school on a full-time basis?

- ☐ Yes, university
- ☐ Yes, college
- ☐ Yes, school
- ☐ No
- ☐ Don't know
- ☐ Refused

L.13 What is the highest level of education you have completed?
(check ONE box only)

- ☐ No schooling
- ☐ Some elementary schooling
- ☐ Completed elementary school
- ☐ Some high school
- ☐ Completed high school
- ☐ Some community college
- ☐ Some technical school (college classique CEGEP)
- ☐ Completed community college
- ☐ Completed technical school (college classique CEGEP)
- ☐ Some university
- ☐ Completed Bachelor's Degree
- ☐ Post graduate training: MA, MSc., MSW
- ☐ Post graduate training: PhD, "Doctorate"
- ☐ Professional degree (Law, Medicine, Dentistry)
- ☐ Don't know
- ☐ Refused

L.14 How would describe your employment status?
(check ONE box only)

- ☐ Full time paid work (including any paid leave, e.g. vacation, pregnancy, illness)
- ☐ Part time paid work
- ☐ Sick leave, maternity leave, strike etc. (not paid by the employer)
- ☐ Unemployed
- ☐ Retired
- ☐ Homemaker
- ☐ Self-employed
- ☐ Disability
- ☐ Casual worker
- ☐ Seasonal worker / Seasonal lay-off
- ☐ Other (specify) _____
- ☐ Don't Know
- ☐ Refused

L.15 What is your current marital status?
(check ONE box only)

- ☐ Married
- ☐ Living common-law (living with partner for at least 2 year)
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Never married
- ☐ Don't know
- ☐ Refused

L.15.a Have you ever been TESTED for:
(check ONE box only)

- ☐ HIV
- ☐ Hepatitis C
- ☐ Both
- ☐ Neither (SKIP TO L.16.a)

L.15.b Have you ever been told by a physician or other health care provider that you have HIV?

- ☐ Yes
- ☐ No

L.15.c Have you ever been told by a physician or other health care provider that you have hepatitis C?

- ☐ Yes
- ☐ No

L.16.a During a normal week, about how much money do you spend on drugs (excluding tobacco)?

\$ _____

L.16.b During a normal week, about how much money do you spend on alcohol?

\$ _____

L.17 Thinking about the total income for ALL HOUSEHOLD MEMBERS, could you please tell me how much income you and other members of your household received LAST YEAR, before taxes and other deductions? **If the participant does not pool income with others (eg. parents, partner, etc) indicate TOTAL PERSONAL INCOME.** Please include income FROM ALL SOURCES such as savings, pensions, rent and unemployment insurance as well as wages. We don't need the exact amount; could you tell me which of these broad categories your TOTAL HOUSEHOLD INCOME falls into?

- ☐ less than \$20,000
- ☐ between \$20,000 and \$39,999
- ☐ between \$40,000 and \$59,999
- ☐ between \$60,000 and \$79,999
- ☐ between \$80,000 and \$99,999
- ☐ more than \$100,000
- ☐ Don't know
- ☐ Refused

L.18 What is your best estimate of your TOTAL PERSONAL INCOME from all sources, received LAST YEAR, before taxes and other deductions? Please include income FROM ALL SOURCES such as savings, pensions, rent and unemployment insurance as well as wages & student loans. We don't need the exact amount; could you tell me which of these broad categories your TOTAL PERSONAL INCOME falls into?

- ☐ less than \$20,000
- ☐ between \$20,000 and \$39,999
- ☐ between \$40,000 and \$59,999
- ☐ between \$60,000 and \$79,999
- ☐ between \$80,000 and \$99,999
- ☐ more than \$100,000
- ☐ Don't know
- ☐ Refused

L.19 Are you currently in any form of drug or alcohol treatment or support group?
(e.g. methadone, 12-step, outpatient day program, individual counselor, etc.)

- ☐ Yes
- ☐ No (SKIP TO L.19.02)
- ☐ Don't know (SKIP TO L.19.02)
- ☐ Refused (SKIP TO L.19.02)

L.19.01 What kind of alcohol or drug treatment are you currently receiving?
(check ALL that apply)

READ OUT LIST	Time in Treatment (months)
<input type="checkbox"/> Detox / Youth detox	_____
<input type="checkbox"/> Daytox	_____
<input type="checkbox"/> Recovery house	_____
<input type="checkbox"/> Treatment centre	_____
<input type="checkbox"/> Counselor	_____
<input type="checkbox"/> 12-step (NA / CA / AA)	_____
<input type="checkbox"/> Methadone program	_____
<input type="checkbox"/> Cocaine treatment pgm	_____
<input type="checkbox"/> Residential or Therapeutic community	_____
<input type="checkbox"/> Other out-patient treatment program	_____
<input type="checkbox"/> Drug treatment court	_____
<input type="checkbox"/> Other (specify)	_____

L.19.02 Are you currently trying to get into alcohol or drug treatment (including methadone)?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

L.19.03 Have you ever been in a methadone treatment program?

- ☐ Yes
- ☐ No (SKIP TO L.19.05)
- ☐ Don't know (SKIP TO L.19.05)
- ☐ Refused (SKIP TO L.19.05)

L.19.04 Are you in a methadone treatment program right now? (check L.19.01)

- ☐ Yes
- ☐ No (SKIP TO L.19.05)
- ☐ Don't know (SKIP TO L.19.05)
- ☐ Refused (SKIP TO L.19.05)

If YES, when did you start your current program? (MM / YYYY)

/

- ☐ Don't Know
- ☐ Refused

L.19.05 In general, would you say your mental health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know
- ☐ Refused

L.20 Have you ever spent any time in jail (i.e. held without being charged, or held while waiting for a hearing) for a reason connected with drugs or alcohol, even if only for a few hours?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

L.21 Have you ever been convicted of an offence related to drugs or alcohol?

- ☐ Yes
- ☐ No (SKIP TO L.26)
- ☐ Don't Know (SKIP TO L.26)
- ☐ Refused (SKIP TO L.26)

L.22 Have you ever served time in prison as a result of being convicted for an offence that was related to drugs or alcohol?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

L.26 Have you ever participated in a previous wave of this project?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

M. Comments & Interviewers Notes

M.01 Are there any other drugs that we have not talked about, or any trends in drug use which you think we should pay attention to?

M.01.a What are some of the positives or benefits of substance use for you?

M.02 Do you have any suggestions for improving this survey??

M.04 INTERVIEWER Please rate the quality of this interview in terms of the interviewee’s responses:

- ☐ High (cooperative and forthcoming)
- ☐ Medium (some reluctance to answer a few questions)
- ☐ Low (some answers may be unreliable)
- ☐ Very Low (many answers may be unreliable)

M.05 Interviewer’s Comments:

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ID CODE:

Group: youth / adults / club

Survey # _____

City: Vancouver / Victoria

Wave: _____

O. Qualitative questions (tear-offs)

O.01 What have been your experiences with access to harm reduction services in this city in the past six months? (E.g. Needle exchange, methadone treatment and safer crack supplies).

O.02 Can you tell me about any interactions you have had with police over the past six months?
Possible examples: positive experiences, negative experiences, interference with harm reduction supplies such as smoking/injecting/other equipment, e.g. destroying crack pipes or needles.

O.03 Why might you or someone you know share:
A) Crack pipes? How often does this type of situation come up?
Possible examples: share with partner, can't get new supplies, police destroyed pipe.

B) Needles? How often does this type of situation come up?
Possible examples: share with partner, can't get new supplies.

O.04 Have you ever accessed crack pipe harm reduction supplies to use as a meth pipe instead? If yes, why?

O.06a Have you used study drugs in the PAST 12 MONTHS?

- ☐ Yes

☐ No (SKIP TO 1a on next page)

☐ Don't know (SKIP TO 1a on next page)

☐ Refused (SKIP TO 1a on next page)

O.06b IF YES, what type?
(check ALL that apply)

- ☐ Adderall

☐ Dexedrine

☐ Ritalin

☐ Caffeine pills

☐ Other (specify) _____

O.06c Where did you get them?
(check ALL that apply)

- ☐ Own prescription

☐ Someone else's prescription

☐ Friends

☐ Drug dealer

☐ Over the counter

☐ Other (specify) _____

O.06d How often do you use them?

- ☐ Never

☐ Less than monthly

☐ Monthly

☐ Weekly

☐ Daily or almost daily

☐ Don't know

☐ Refused

O.06e Why do you usually use them?

O.06f What are the positives of using them?

O.06g What are the negatives of using them?

O.05 VICTORIA PARTICIPANTS ONLY:

1a. Have you used substances in the washroom of a social service agency in Victoria in the past 12 months? (ex: Our Place, AVI, Rock Bay Landing, Out of the Rain or any other shelter/drop in)

- ☐ Yes
- ☐ No (SKIP TO q. 2)

1b. If yes, in the past 12 months on average, approximately how many **TIMES PER WEEK?**

Injected _____/times per week

Non-injection (smoked, snorted) _____/times per week

1c. What are the main reasons you usually do this?

2a. If Victoria had a supervised consumption site, would you use this service?

- ☐ Yes
- ☐ No (SKIP TO q. 5)
- ☐ Maybe (SKIP TO q. 5)

2b. IF YES, what services would you use?
(Check ALL that apply)

- ☐ Injecting drugs
- ☐ Smoking or inhalation of drugs
- ☐ Drinking alcohol
- ☐ Other (SPECIFY - Prompts: accessing clean supplies, chill-out room, referrals):

3. How far would you be willing to walk to access such a service?

_____ kms _____ City blocks _____ minutes

4. Preferred location of SCS: _____ (go to q. 6)

5. If No or Maybe for question 2, do you support a supervised consumption site?

- ☐ Yes
- ☐ No (SKIP TO q. 7a)
- ☐ Maybe (SKIP TO q.7a)

6. Why is it important to have a supervised consumption site?

7a. Have you used the AVI evening drop-in in the past 30 days?

- ☐ Yes
- ☐ No (END INTERVIEW)

IF YES:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7b. The AVI evening drop-in is an important service to me.					
7c. Overall at the AVI evening drop-in I can access health care that is non-judgmental.					
7d. At the AVI evening drop in I feel more comfortable accessing support than at other places.					

8. What are the three main reasons you attend the AVI evening drop-in?

9. What are the benefits of accessing the AVI evening drop-in?

10. What would you change about the AVI evening drop-in if you had the opportunity?
PROMPTS: Change the hours? Change the program?