

# C3PNO COVID-19 Survey

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## Survey Flow

**Block: Introduction (1 Question)**  
**Standard: Demographics (4 Questions)**  
**Standard: COVID-19 (11 Questions)**  
**Standard: Mental Health (3 Questions)**  
**Standard: Healthcare and HIV (9 Questions)**  
**Standard: Relationships (4 Questions)**  
**Standard: Substance Use (25 Questions)**

Page Break

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Start of Block: Introduction

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

End of Block: Introduction

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Start of Block: Demographics

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



sleep Where do you usually sleep?

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



employ Are you currently employed?

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

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*Display This Question:*

*If Are you currently employed? = Yes, I am employed full time*

*Or Are you currently employed? = Yes, I am employed with a significant reduction in the number of hours I work*



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

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

**End of Block: Demographics**

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**Start of Block: COVID-19**

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



CV1 What are you doing/did you do during the COVID-19 pandemic? **Check all that apply.**

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



CV2 How much is/did the COVID-19 pandemic impact your day-to-day life?

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



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

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



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

**Check all that apply.**

- Stocked up on alcohol (1)
- Stocked up on illicit drugs (2)
- Stocked up on harm reduction supplies (clean needles) (3)
- Avoided sharing cigarettes, joints or e-cigarettes/vapes (more than usual) (4)
- Avoided sharing crack pipes, meth pipes or bongs (more than usual) (5)
- Avoid sharing drinks with others (more than usual) (6)
- Avoided shelters (7)
- Avoided supervised consumption/overdose prevention sites (8)
- Avoided needle distribution sites (9)
- Avoided picking up medications for opioid use disorder (MOUD) (10)
- Avoided picking up ART medications (11)
- Avoided healthcare (e.g., clinical care appointments, hospitals, health clinics) (12)
- Accessed a safe supply of legal opioids (13)
- Accessed a safe supply of legal stimulants (14)
- Accessed nicotine replacement therapy (15)
- Accessed treatments for alcohol use disorder (16)
- Accessed a legal supply of cannabis (17)
- Accessed a supply of legal benzodiazepines (18)
- Other: (19) \_\_\_\_\_

None of the above (20)

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CV5 Are you currently experiencing any of the following symptoms? **Check all that apply.**

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



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

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

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*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat)*



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

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

---

*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got an antibody test to check for previous infection (usually a blood test)*





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

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

---

*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got another test other than swab or antibody test (specify)*



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

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

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*Display This Question:*

*If Did you test positive for COVID-19 when you had a swab test? = Yes, I tested positive*  
*Or Did you test positive for COVID-19 when you had a swab test? = Tested but did not get result*  
*Or Did you test positive for COVID-19 when you had an antibody test? = Yes, I tested positive*  
*Or Did you test positive for COVID-19 when you had an antibody test? = Tested but did not get result*  
*Or Did you test positive for COVID-19 when you had a test other than swab or antibody test? = Yes, I tested positive*  
*Or Did you test positive for COVID-19 when you had a test other than swab or antibody test? = Tested but did not get result*



CV10 Have you been hospitalized due to COVID-19?

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

End of Block: COVID-19

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Start of Block: Mental Health



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

**Please enter a number between 1 and 10.**

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

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



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

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

End of Block: Mental Health

Start of Block: Healthcare and HIV



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

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



recentvisit

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

**Includes telemedicine and remote visits.**

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

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

- Positive (1)
- Negative or unknown (2)

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*Display This Question:*

*If To the best of your knowledge, what is your HIV status? = Positive*



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

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

---

*Display This Question:*

*If Have you missed any scheduled appointments with your HIV care provider in the past month? = Yes, I missed a visit*



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

**Includes telemedicine and remote visits.**

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

---

*Display This Question:*

*If To the best of your knowledge, what is your HIV status? = Positive*



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

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





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

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

HIV (1)

To the best of your knowledge, what is your HIV status? = Negative or unknown

PrEP (2)

Psychiatric condition (3)

Hypertension (4)

Diabetes (5)

Heart disease (6)

Other (7) \_\_\_\_\_

No, I do not take daily medications (8)

Decline to answer (99)

Display This Question:

If Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = HIV

Or Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = PrEP



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

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

---

*Display This Question:*

*If Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = Psychiatric condition*

*Or Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = Hypertension*

*Or Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = Diabetes*

*Or Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = Heart disease*

*Or Are you on any daily medications prescribed for you by a medical provider for the following? Chec... = Other*



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

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

Start of Block: Relationships

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

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

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



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

**Please enter a number, and put 0 if none.**

---

Display This Question:

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



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

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

End of Block: Relationships

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Start of Block: Substance Use

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



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

Please enter a number, and put 0 if none.

---

Display This Question:

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



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

Enter the number of cigarettes per day.

---



USAUDIT1

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

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

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

---

*Display This Question:*

*If In the past month, how often did you have a drink containing alcohol? A drink means one beer,... != Never*



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

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

---

*Display This Question:*

*If in the past month, how often did you have a drink containing alcohol? A drink means one beer,... != Never*



USAUDIT3

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

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

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



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

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



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

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





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

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

Display This Question:

If In the past month, how often did you use each of the following? [ Never ] (Count) < 5



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

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

Display This Question:

If In the past month, how often did you use each of the following? [ Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse\_mode In the past month, how did you use... (check all that apply)

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

Display This Question:

If In the past month, how did you use... (check all that apply) = Injected



subuse\_inject In the past month, how many people have you typically injected drugs with?

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

---

Display This Question:

If In the past month, how often did you use each of the following? [ Never ] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse\_price What have you noticed about the price of the following drugs in the past month?

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

Display This Question:

If In the past month, how often did you use each of the following? [ Never ] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse\_quality What have you noticed about the quality of the following drugs in the past month?

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

Display This Question:

If In the past month, how often did you use each of the following? [ Never ] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



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

	Harder to Get (1)	Easier to Get (2)	About the Same (3)
Meth (glass, crystal, amphetamine, tina, speed) (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If In the past month, how often did you use each of the following? [ Never ] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



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

	I use a lot more (1)	I use more (2)	About the Same (3)	I use less (4)	I use a lot less (5)
Meth (glass, crystal, amphetamine, tina, speed) (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

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



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

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

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*Display This Question:*

*If Are you currently participating in a 12-step program like AA, NA, CA? = Yes  
Or Are you currently receiving treatment for substance use, including alcohol? = Yes*



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

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

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*Display This Question:*

*If Are you currently participating in a 12-step program like AA, NA, CA? = Yes  
Or Are you currently receiving treatment for substance use, including alcohol? = Yes*



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

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



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

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

*Display This Question:*

*If Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl,... = Yes*



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

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



Display This Question:

*If Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl,... = Yes*



treat\_methadone\_tele Are you currently receiving telemedicine visits from your methodone/suboxone/buprenorphine provider?

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

Display This Question:

*If Are you currently receiving treatment for substance use, including alcohol? = Yes*



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

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

Display This Question:

*If In the past month, how often did you use each of the following? [ Never ] (Count) < 5*



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

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

End of Block: Substance Use

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