



UNODC
United Nations Office on Drugs and Crime



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Problem Drug Use Assessment in Nigeria, 2017 DRUG USERS' QUESTIONNAIRE

IDENTIFICATION INFORMATION

1. STATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> NAME:.....	2. LGA <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> NAME:.....	3. Locality: <input style="width: 100%;" type="text"/>
4. SECTOR Uban.....1 <input style="width: 40px;" type="text"/> Semi Urban.....2	5. RESP NO. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

BEFORE STARTING THE INTERVIEW, PLEASE READ THE FOLLOWING TEXT ALOUD TO THE RESPONDENT:

“Thank you for agreeing to be interviewed for this research. The study is being conducted by the Centre for Research and Information on Substance Abuse (CRISA), a non-governmental organization in Nigeria, in association with the Government of Nigeria and the United Nations Office on Drugs and Crime (UNODC), to gather information regarding current patterns and trends in drug use in the country. We are asking people such as you from different parts of the country to take part in interviews to help us build up a picture of the drug abuse situation. This information will play a vital role in helping to improve service provision and inform future treatment and prevention activities across the country.

This interview will take the form of a structured questionnaire. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so – you are not obliged to answer anything that you do not wish to. Also, all the information you will provide will be confidential and remain anonymous

Before we start, do you have any questions that you would like to ask me?”

Your agreement to participate in this interview is considered a verbal informed consent, which is required before I may start the interview. May I start the interview now?

- Yes, permission is given** ⇒ Go to 10 to record the time interview started and then begin the interview.
 No, permission is not given ⇒ Complete 11. Discuss this result with your supervisor.

7. Interviewer Name and Signature:	Code:	Date of Interview	
			2017
8. Field Supervisor Name & Signature	Code:		
9. CRISA Headquarters Editor	Code:		
10. Time Interview Started (GMT)			
Time Interview Ended GMT)			
11. Result of the interview (Circle the appropriate code)			
Completely filled = 1	Incomplete = 2	Filled but with difficulties taking interview = 3	Non-Contact = 4

INTERVIEW NUMBER

SECTION A: DEMOGRAPHICS & FINANCIAL SUPPORT

First of all, I would like to ask you some general background information about you.

- A1. Gender of respondent (Observe or ask if not obvious and select the appropriate response. Gender may be different from biological sex, only choose “other” if the respondent indicates to you they do not identify as male or female):

Male	1
Female	2
Other	3

- A2. What is your date of birth:
DAY MONTH YEAR

[If the date or the month of birth is not known write 99, if year of birth is not known write 9999]

OR / AND

- A3. How old would you be (then)? a

- A4. How many years of education have you completed? b
 (If illiterate then write 99)

- A5. What is your current marital status?

Married (monogamous)	1
Married (polygamous)	2
Informal union	3
Divorced	4
Separated	5
Widowed	6
Never married	7

Check code for “other (specify)” to ensure it’s different from the codes for other response

- A6. Where did you **most often** sleep in the last 6 months?

1	House	2	On the street	3	church/mosque/shrine	6	Other (specify)
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- A7. With whom did you (mostly) live in the last 6 months?

1	Parents	2	Spouse (and children)	3	Children only	4	Other relatives
5	Friends	6	Alone	6	Other (specify)		

- A8. In the last 6 months, were you mostly

1	In full time work	2	In part time work	3	In casual work
4	Unemployed	5	Student	6	Other (specify)

A9. Please tell me all of the ways in which you have financially supported yourself in the last 6 months: **(Note: multiple responses allowed)**

1	Wages / salary	2	Casual work	3	Family
4	Friends	5	Pension	6	Begging
7	Selling drugs	8	Thefts	9	Pick pocketing
10	Sex work / sex for money	11	Others		

B3. After using for the first time, did you continue to use that drug?

Yes 1 No..... 2

B4. If you continued to use the drug, why?

B5. Of the drugs you have used recently, which has caused you the most harm or problems? (CHECK ONLY ONE DRUG)

Drug Type	Mark
1) Cannabis (herb or resin)	
2) Methamphetamine (crystal or powder)	
3) Cocaine	
4) Crack cocaine	
5) Ecstasy	
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	
7) Maltranal	
8) Alcohol	
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	
10) Amphetamines such as Dexedrine or Adderall	
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	
12) Heroin	
13) LSD (Lysergic Acid Diethylamide)	
14) PCP (Phencyclidine)	
15) Solvents/Inhalants (such as glue)	
16) Cough syrup (e.g. Coldex)	
17) Others (specify) _____	

B6. How did the drug cause problems?

B7. Have you ever donated or sold your blood?

1	Donated	2	Sold	3	Never donated/sold	4	No Response
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If NEVER and NR, skip to Question no.8

B8. Have you ever injected drugs (not for medical purposes)?

1	No	2	Yes
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[IF YES, skip QB9 and ask Q B10]

IF NO, ask Q 9 and GO TO SECTION D – CONTACT WITH DRUG USERS]

B9. Can you tell me why you don't inject drugs ? Is it

INTERVIEWER: READ ALL OPTIONS AND PROBE IF NECESSARY

		1No	2Yes
1	To avoid getting infected with HIV, Hepatitis		
2	Scared of injecting		
3	Don't know how to inject		
4	Friend or partner not injecting		
5	Other reasons (specify)		

B10. How old were you when you first injected any drug?

		1No	2Yes
a.	Have you injected drugs in the last 12 months		
b.	Have you injected drugs in the last 6 months		

If yes to both or Q.10.b GO TO SECTION C – INJECTING DRUG USE, IF YES in Q. B10.a and NO I n B10 b then GO TO SECTION D]

B11. Can you tell me why you haven't injected drugs in the last 6 months? Is it

INTERVIEWER:READ ALL OPTIONS AND PROBE IF NECESSARY

		1No	2Yes
1	To avoid getting infected with HIV, Hepatitis		
2	Don't have any veins or places left to inject		
3	I am already infected with HIV or Hepatitis and want to protect myself or others		
4	Friend or partner not injecting		
5	Other reasons (specify)		

SECTION C: INJECTING DRUG USE

I am now going to ask you about injecting drug use. Again may I remind you that this is a confidential interview and your answers will in no way be linked to you.

C1. In the last six months, on the average, how often did you inject drugs?

1	Once a month or less	5	Four to six days a week
2	Two to three days a month	6	Everyday
3	About once a week	8	Don't know
4	Two to three days a week		

C2. On a typical day when you injected in the past 6 months, how many times did you inject drugs?

1	About once a day	3	Four or more times
2	Two to three times	9	Don't know

C3. In the last six months, which of the following drugs did you inject?

READ ALL DRUG TYPES ONE BY ONE AND CHECK MORE THAN ONE CATEGORY IF NEEDED

Drug Type	₁ No	₂ Yes
a) Heroin		
b) Methamphetamine (crystal or powder)		
c) Cocaine		
d) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)		
e) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)		
f) Amphetamines such as Dexedrine or Adderall		
g) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn		
h) Others (specify) _____		

C4. In the last 6 months have you ever injected drugs at...

(Read from the list below and check as many responses as appropriate)

1	Place where you live	6	Bar/Entertainment venue
2	At the home of your sex partner	7	On the street, in a park, alley or public toilets
3	Someone else's house or apartment where you don't live (friend / relative)	8	Jail/prison
4	Drug Dealers house or apartment	9	Other specify
5	Abandoned building		

C5. Of these places, where do you inject most often?

1	Place where you live	6	Bar/Entertainment venue
2	At the home of your sex partner	7	On the street, in a park, alley or public toilets
3	Someone else's house or apartment where you don't live (friend / relative)	8	Jail/prison
4	Drug Dealers house or apartment	9	Other specify

5	Abandoned building		
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C6. In the last six months, how often did you inject with other people who were also injecting drugs at the same time you were?

1	Never (Go to Q 9)	2	Rarely
3	Sometimes	4	Often
5	Always	8	Don't know

C7. Additionally, in the last 6 months, have you ever injected drugs with

INTERVIEWER: read the list one by one and check as many responses as appropriate

1	Spouse/Partner	₁ No	₂ Yes
2	With friends or acquaintances		
3	With people you don't know		
4	Family member		
5	Other specify		

C8. In the last 6 months, who did you inject drugs with MOST OFTEN

INTERVIEWER: ask as open-ended question, don't read the list, check the most appropriate response

1	Spouse/partner	4	Family member
2	With friends or acquaintances	5	Other specify
3	With people I don't know	9	Don't know

C9. In the last six months, when you injected drugs, how often did you use any of the following items with other people or after other people had used them?

INTERVIEWER: Read the list and check as many as applicable

		₁ Never	₂ Rarely	₃ Sometimes	₄ Often	₅ Always	₈ DK	₉ NR
1	Drawn drugs from the same cooker (bottle cap, spoon, etc)							
2	Used the same cotton swab							
3	Used the same rinse water (water to clean injections, needles)							

C10. In the last six months, how often did you inject with a needle or syringe after someone else had used it?

1	Never	5	Always
2	Rarely	8	No response
3	Sometimes	9	Don't know
4	Often		

C11. In the last six months, how often did someone else use a syringe or a needle after you had already used it?

1	Never	5	Always
2	Rarely	8	No response
3	Sometimes	9	Don't know
4	Often		

If the answer of Q 10 and Q 11 is NR/DK then go to the Q 14

C12. In the last six months, what were the reasons for sharing a needle or syringe with others?
 INTERVIEWER: read all the options and check as many responses

	Did you use the same needle because:	₁ No	₂ Yes
A	There was only one needle available		
B	You needed help injecting		
C	Someone else needed help injecting		
D	You were injecting with people you trust (sex partner, lover, or friend)		
E	People get upset if you don't use the same needle or syringe		
F	The needle had been clogged		
G	The needle you had was broke or dull		
H	The needle had been cleaned		
I	You had an urgent need to take the drug		
J	Other (specify)		

C13. In the last six months of injecting drugs, when you used a needle that was used before you by someone else, how often did you clean it with...

INTERVIEWER: Read the list and check as applicable

		₁ Never	₂ Rarely	₃ Sometimes	₄ Often	₅ Always	₈ NR	₉ DK
A	Only cold water							
B	Bleach (chlorine)							
C	Spirit/Rubbing Alcohol							
D	Boiling water							
E	Paper/ Tissue paper/cloth							
F	Other (specify)							

C14. During the last 6 months, when you injected drugs, how often did you get new needles/syringes in a month?

1	Never	5	Everyday
2	Once a month or less	6	Every time I inject
3	Two to three times a week	8	No response
4	Four to six days a week	9	Don't know

C15. In the last six months, once you started using a brand new needle, how many times did you use it for:(times) (77) Use set only once (88)No response, (99)Don't Know

C16. In the last 6 months when you wanted to inject drugs, how easy was it for you to get new sterile needles when you needed them, would you say.

1	Never tried	5	Very difficult
2	Very easy	6	Impossible
3	Quite easy	8	No response
4	A little bit difficult	9	Don't know

C17. During the last 6 months where have you gotten MOST of your new or unused syringes or needles (ask as an open ended question – write the response on the space)

C18. In addition, during the last 6 months have you gotten your new or unused syringe or needles from?

s.no.	Response	₁ No	₂ Yes
1	Wife/ husband or sex partner		
2	From a family member or a relative		
3	From a friend or an acquaintance		
4	From a pharmacy (skip Q. 20 and 21)		
5	From a outreach worker (skip Q20)		
6	From a drop-in centre (skip Q.21)		
7	From another injector (needle dealer)		
8	From a drug dealer		
	Other (specify)		

SECTION D: CONTACT WITH DRUG USERS

INTERVIEWER [READ]: Now, I would like you to help me as best you can with the following information. Can you please now tell me about ALL drug users who may be your family member, friends, acquaintances and other people that you PERSONALLY KNOW in the last year who live in the same geographic area. Kindly think and answer the next questions as best as you can.

Interviewer- FOR EACH DRUG ASK:

1. Approximately how many drug users or (in case number is not known) what percentage of drug users with whom you have PERSONAL CONTACT with in the LAST 12 MONTHS had.....?

- a) How many drug users have you had personal contact with uses the following drugs?
- b) How many of these drug users were women?
- c) How many of these drug users were injectors
- d) How many of these drug users have been for treatment in Govt. run treatment facility?
- e) How many of these drug users may have been registered by NGOs or private clinic?
- f) How many of these drug users may have utilized the services of a NDLEA Counselling Centre?

INTERVIEWER: TRY TO GET RESPONDENT TO ANSWER THE BELOW QUESTIONS. ACCEPT ANSWERS LIKE "1 IN 10", "1 IN 3" AND SO ON IF THE RESPONDENT DOES NOT KNOW ACTUAL NUMBERS WRITE IN PERCENTAGES.

Drug Type	a. Had personal contact		b. Were women		c. Were injectors		d. Treated in Govt. run facility		e. Registered by NGO or clinic		f. Utilized services of NDLEA	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1) Cannabis (herb or resin)												
2) ethamphetamine (crystal or powder)												
3) Cocaine												
4) Crack cocaine												
5) Ecstasy												
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)												
7) Maltranal												
8) Alcohol												
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine,												

Pentazocine)													
10) Amphetamines such as Dexedrine or Adderall													
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn													
12) Heroin													
13) LSD (Lysergic Acid Diethylamide)													
14) PCP (Phencyclidine)													
15) Solvents/Inhalants (such as glue)													
16) Cough syrup (e.g. Coldex)													
17) Others (specify) _____													

SECTION E: TREATMENT HISTORY

Now, I am going to ask you questions about your treatment history. Please think now about all the treatment you have EVER had for drug problems, if any.

E1. Have you ever received treatment for a drug problem?

1	No	2	Yes
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[IF 'NO' SKIP TO SECTION F: SERVICE UTILIZATION]

E2. If yes, have you ever received treatment for...

Drug Type	Treated		If yes,
	1No	2Yes	In the past 6 mos?
1) Cannabis (herb or resin)			
2) Methamphetamine (crystal or powder)			
3) Cocaine			
4) Crack cocaine			
5) Ecstasy			
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)			
7) Maltranal			
8) Alcohol			
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)			
10) Amphetamines such as Dexedrine or Adderall			
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn			
12) Heroin			
13) LSD (Lysergic Acid Diethylamide)			
14) PCP (Phencyclidine)			
15) Solvents/Inhalants (such as glue)			
16) Cough syrup (e.g. Coldex)			
17) Others (specify)			

E3. How old were you when you first had treatment for any drug problem?

Years old

E4. In total, how many times in your life have you been treated for drug problems?

Times

E5. Of the times you have been treated, were you treated at [check all applicable]

		₁ No	₂ Yes	Times
1	Govt. hospital			
2	Private Hospital/Clinic			
3	NGO run treatment facility			
4	At home			
5	Others (specify)			

E6. How long after you had first started using drug did you go for treatment?

Months and /or Years (99 if Don't Know)

E7. And how long after you had first started injecting drugs, did you go for treatment?

Months and /or Years (put 88 if never injected and 99 if Don't Know)

E8. During the last 12 months, have you received treatment for drug use problems?

- ₁Yes
- ₂No
- ₃Don't know
- ₄Refuse to answer

E9. If so, what was your primary drug of abuse?

INTERVIEWER: 1) READ OUT ALL DRUGS ONE BY ONE AND CHECK MORE THAN ONE BOX IF NECESSARY

Drug Type	Treated	
	₁ No	₂ Yes
1) Cannabis (herb or resin)		
2) Methamphetamine (crystal or powder)		
3) Cocaine		
4) Crack cocaine		
5) Ecstasy		
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)		
7) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)		
8) Alcohol		
9) Amphetamines such as Dexedrine or Adderall		
10) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn		
11) Heroin		
12) Cough syrup (e.g. Coldex)		
13) Others (specify)		

IF RESPONDENT HAS NOT RECEIVED TREATMENT IN THE LAST 12 MONTHS, GO TO SECTION F

E10 – E11 How many times and for how long did you receive treatment in any of these

types of treatment centres?

s.no	Type of the treatment centre	E10.No. of times received treatment	E11.Time spent in treatment for last episode (in days)
a	Private Hospital/Clinic		
b	Psychiatric hospital		
c	Other Government Hospitals		
d	NGO/Treatment Centre		
e	Home treatment		
f	Faith Based Treatment Centre		
g	Other (specify)		

E12. At the most recent (treatment), did you receive any of the following services?

	Type of treatment	₁ No	₂ Yes	How many times
1	Detoxification			
2	Counselling (including psychotherapy)			
3	Relapse prevention training			
4	Self-help groups			
5	Social rehabilitation			
6	HIV testing and counselling			
7	Referral to ART			
6	Other specify			

E13. To what extent would you say that you are currently in need of treatment for your drug use problem?

1	Urgent need	2	Some need	3	No need
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SECTION F: SERVICE UTILIZATION

Now I am going to ask you some questions on your utilization of different services for problem drug users that may be available in your area

F1. Have you ever wanted to get help/treatment for your drug problems but was unable to?

1	No	2	Yes
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IF 'YES' ASK – [CHECK AS MANY BOXES AS NECESSARY] IF NO GO TO QF3

F2. What was the main thing(s) that prevented you from getting treatment?

A	Fear of registration	B	Don't trust government facilities	C	Can't afford to pay for treatment / too expensive
D	No treatment slots available	E	Dislike treatment regime	F	Dislike treatment facility staff
G	Local specialized treatment services do not have inpatient treatment	H	Didn't have information about local treatment services	I	Fear of stigma
J	Treatment services not available in my area	K	Other specify		

F3. How easy or difficult would you say it is for drug users in your area to get treatment for drug problems?

1	Very easy	2	Quite easy	3	Unsure	4	A little bit difficult	5	Very difficult
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F4. Is there any outreach worker in your area who has spoken to you about drugs?

1	No	2	Yes	3	DK
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SECTION G: PRISON HISTORY

INTERVIEWER: [read] I will now ask you some questions about your arrests and imprisonment, i.e. if you have been arrested or imprisoned. Again, as I have said before, all of our discussion will be anonymous and confidential.

G1. Have you ever been arrested for a drug-related offence?

1	No	2	Yes
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[IF NO go to Q.G8b OTHER OFFENCES]

G2. How old were you when you were first arrested for a drug-related offence?

Years Old

G3. How long after you first started using drugs were you first arrested for a drug related offence?

months years

G4. How long after you first started injecting were you first arrested for a drug related offence?

months years Never injected drugs

G5. How many times in your life have you been arrested for a drug-related offence?

Times

G6. Approximately how much time have you spent in **prison** during your lifetime while arrested for a drug-related offence?

Days months years

G7. In total, approximately how much time have you spent in **custody** of law enforcement agencies during your lifetime for drug related offences (e.g., lockup)?

Days months years

G8. Which of the following offences have you ever been arrested for?

INTERVIEWER: READ ALL OFFENCES AND CHECK ALL APPLICABLE

A	Possession of illegal drugs	B	Selling illegal drugs	C	Trafficking illegal drugs	D	Using drugs
E	Burglary	F	Sex work	G	Shop lifting	H	Theft
I	Other (specify)						

INTERVIEWER: INCASE PERSON IS ARRESTED FOR **USING** DRUG, ASK Q G8.A, OTHERWISE SKIP TO G8.B

G8.a Which drugs were you arrested for **using** [or in possession of]

INTERVIEWER: READ OUT ALL DRUGS ONE BY ONE AND CHECK MORE THAN ONE BOX IF NECESSARY

Drug Type	Arrested	
	₁ No	₂ Yes
1) Cannabis (herb or resin)		

2) Methamphetamine (crystal or powder)		
3) Cocaine		
4) Crack cocaine		
5) Ecstasy		
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)		
7) Maltranal		
8) Alcohol		
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)		
10) Amphetamines such as Dexedrine or Adderall		
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn		
12) Heroin		
13) LSD (Lysergic Acid Diethylamide)		
14) PCP (Phencyclidine)		
15) Solvents/Inhalants (such as glue)		
16) Cough syrup (e.g. Coldex)		
17) Others (specify)		

ASK Q.8B ONLY IF ANSWERED "NO" IN Q.1 ABOVE, OTHERWISE SKIP THIS QUESTION

G8.b Have you been arrested for any of the following offences?

INTERVIEWER: READ ALL OFFENCES AND CHECK ALL APPLICABLE

A	Burglary	B	Prostitution	C	Shop lifting	D	Theft
	Other (specify)						

99never been arrested for any offences

G9. Have you been arrested in the last **12 months** for a drug-related offence?

1	No	2	Yes
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(IF 'NO' SKIP TOG10, IF 'YES', ASK THE FOLLOWING QUESTIONS)

G9a. In all, how many times have you been arrested in the last 12 months for such a drug-related offence?

Times

G9b. In total, how long have you spent in prison while arrested for such a drug-related offence in the last 12 months?

Days months years

G9c. In total, how many days have you spent in custody after being arrested for a drug-related offence in the last 12 months?

(if DD is unknown code 99 and for YY unknown code 9999)

G10. Have you ever had sex while held in custody, jail, or prison?

Yes 1
No 2

G11. When you had sex while you were in these jail/prison/custody, did you ever use condoms?

1	Never	2		Rarely
3	Sometimes	4		Often
5	Always	9		Don't know

SECTION H: SEX LIFESTYLE

We are now almost at the end of our questionnaire. In the previous sections I asked you questions about your injection drug use and sharing. As sexual lifestyle can also be risk behaviour for HIV or Hepatitis infections, in this section I will ask you some questions regarding your sex lifestyle. As I had said in the beginning of the interview, if you do not feel comfortable in answering any of the questions in this section, you may refuse to answer them.

H1. How old were you the first time you had sex?

years old

99 NEVER HAD SEX (**GO TO SECTION I**)

H2. Was this person your... (read all the choices)

1	Wife	4	Girlfriend
2	Husband	8	No response
3	Boyfriend		Other specify

H3. When you began to use drugs did the number of partners you had sex with increase or decrease? (Read the responses)

1	There has been no change	3	There has been a decrease
2	There has been an increase	8	No response
		9	Don't know

H4. Have you ever had sex with other people who use drugs or inject drugs?

1	No	2	Yes
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Now, I would like to ask about your sex activity in the last 6 months

H5. In the last six months, how often have you had sex?

1	None	5	Two to three days a week
2	Once a month or less	6	Four to six days a week
3	Two or three times a month	7	Everyday
4	About once a week	8	No response

H6. In the last six months, how many women have you had sex with

(If none write 777, if unknown write 999, if refused write 888)

H6.a In the last six months, how many men have you had sex with?

(If none write 777, if unknown write 999, if refused write 888)

Now, I would like to know if you have any steady sex partner(s)

H7. In the last six months, how many regular, steady sex partners have you had?

(if none write 777 and go to Q10, if unknown write 999, if refused write 888)

H8. In the last six months, how often did you or your steady partner(s) use a condom while you were having penetrative sex?

1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9	DK
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H9. As far as you know, have any of these steady sex partner(s)

(Read the options one by one and check the appropriate response/s)

		₁ Yes	₂ No	₈ Refused	₉ DK
1	Used drug in the last 12 months				
2	Injected drugs in the last twelve months				
3	Ever injected drugs				
4	Ever had sex with other men/women				
5	Ever been told that they were HIV positive				

Read: Now I would like to know if you have sex with any other people than your steady partner

H10. In the last six months, how many other sex partner(s), i.e., other than your regular or steady partner/s have you had?

(if none write 777 and go to Q13, if unknown write 999, if refused write 888)

H11. In the last six months, how often did you or your other partner(s) use a condom while you were having penetrative sex?

1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9	DK
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H12. As far as you know, have any of these other sex partner(s) (read the options)

		₁ Yes	₂ No	₈ Refused	₉ DK
1	Used drug in the last 12 months				
2	Injected drugs in the last twelve months				
3	Ever injected drugs				
4	Ever had sex with other men/women				
5	Ever been told that they were HIV positive				

H13. During the last six months
Read each question and write responses

		₁ Yes	₂ No	₈ No response	₉ DK	If yes, how many partners did you have?
A	Did you give drugs to have sex?					
B	Did you give money to have sex?					
C	Did you receive drugs to have sex?					
D	Did you receive money to have sex?					

On these occasions:

H14. How often did you or these partners use condoms while you were having penetrative sex?

1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9	DK
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H15. How would you describe your relationship with the last person you had sex with? Was this person a..

(READ ALL OPTIONS, CHECK one category)

1	Steady partner such as a spouse
2	Casual partner
3	Paying partner (paid you with money or drugs)
4	Charging partner (you paid with money or drugs)
8	No response
9	Don't know
	Other (specify)

H16. The last time you had sex, did you or the person you were with use a condom?

1	No	2	Yes	8	Refused	9	Don't know
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H17. Have you ever been diagnosed or told by a health professional that you have

		₁ Yes	₂ No	₉ DK
A	Hepatitis B			
B	Hepatitis C			
C	HIV/AIDS			
D	Other sexually transmitted disease (specify)			
E	Tuberculosis			

SECTION I: SEVERITY OF DEPENDENCE SCORE FOR MAIN DRUG

Think of the main drug that has caused you problems over the last 12 months. Could you tell me whether at any time in these past 12 months, how often...

Note to the interviewer to check with earlier question on consistency

11. Did you ever think that your [main drug] use was out of control?

1	Never / Almost never	2	Sometimes	3	Often	4	Always/ Nearly always
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12. Did the prospect of not taking any [main drug] make you anxious or worried?

1	Never / Almost never	2	Sometimes	3	Often	4	Always/ Nearly always
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13. Did you worry about your [main drug] use?

1	Never / Almost never	2	Sometimes	3	Often	4	Always/ Nearly always
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14. Did you wish you could stop taking [main drug]?

1	Never / Almost never	2	Sometimes	3	Often	4	Always/ Nearly always
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15. How difficult would you find it to stop or go without [main drug]

1	Not easy	2	Quite difficult	3	Very difficult	4	Impossible
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Thank you for your time.

In your opinion how reliable was the information given by the respondent?

1	Good	2	Average	3	Poor
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Time interview ended (GMT)

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