



**UNODC**  
United Nations Office on Drugs and Crime



PROBLEM DRUG USE ASSESSMENT IN NIGERIA, 2017  
DRUG USERS' QUESTIONNAIRE

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**DATA CODE BOOK**

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## THE LOGIC BEHIND VARIABLE LABELLING

1. The survey has a numbered section on the cover page bearing information about the state and general details about where information regarding the survey was obtained.
2. Sections have been assigned alphabets from A-I -> This character takes the position of the first variable label. For example, A1
3. Within each section, numbers both Arabic and Roman and alphabets have been assigned to each question as applicable.
4. States have been assigned codes for easy comprehension. Both alphabet and numeric codes have been assigned to each state: Abia AB 01, Akwa Ibom AK 02.....
5. Open ended questions will be filled in as written. E.G B2. What was the drug you first used? -----if the respondent's reply was "cigarette", it should be filled in as cigarette.

## IDENTIFICATION INFORMATION

The data dictionary below contains all variables as derived from the survey. It is in the order of the Drug Users' Questionnaire 2017.

S/no	This refers to the numbers from 1-250 or 1-300 where applicable assigned to the questionnaires PER STATE after compilation.		
	Question	Archive Name	Question Number in Drug Users' Questionnaire 2017
Processing Code	Unique Identification (RDS) numbers on the coloured coupons	Processing code	
State Code	. The states are coded in the coupon management cards. The codes for each state. E.g., Akwa Ibom = AK= 003 the states are coded how they appear alphabetically.	State	1
State Name	State Name in this survey refers to the 36 states and the Federal capital territory in Nigeria	State name	1
LGA Code	The codes assigned to each and	L.G.A	2

	Local Government area used in survey. E.g Jos North=21 this means Instead of writing Jos North, it will be entered as 21		
LGA Name	Local Government Area refers to the LGA in which the survey is located in the state. It will be written as it appears on the questionnaire.	LGA	2
Locality	Locality refers to the location where the survey was carried out. It will be written as it appears on the questionnaire	Locality	3
Sector	Sector refers to the area used in the survey either urban or semi-urban	Sector	4
Resp NO	Refers to the unique number from 1 to at least 250. Example for Cross Rive: CR001 to CR260	Respondent Number	5
Interviewer Name	Interviewer name refers to the name of the interviewers in the survey	Interviewer name	7
Interviewer Code	Interviewer code refers to the number assigned to each of the three interviewers per state. E.g., AK1 to AK3	Interviewer code	7
Field Supervisor Name	Field supervisor is the name of the Zonal co-ordinator in charge of the state	Field supervisor name	8
Date of Interview	The day, the month and year the interview was carried out	Date of Interview	7
Start time	The time the interview started	Time interview started	10
End Time	The time the interview ended	Time interview ended.	
Result of Interview	This refers to the state of the filled questionnaire.	Completely - Filled Incomplete Filled but with Difficulties taking interview Non-contact	1 2 3 4
Interview No	This refers to the number assigned to each questionnaire by the	Interview number	11

	interviewer per state.		
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## SECTION A: DEMOGRAPHICS AND FINANCIAL SUPPORT

Variable Name	Question	Item	code
A1Gender	Gender of respondent	Male Female Other	1 2 3
A2Date of Birth	What is your date of birth	__ __  Day   __ __  Month   __ __  __ __ Yr	Write as given
A3Age	How old would you be (then)?	__ __  Years	Write as given
A4Education	How many years of education have you had?	__ __  Years  <i>If illiterate</i>	Write as given  99
A5.Marital Status	What is your current marital status?	Married(monogamous) Married (polygamous) Informal Union Divorced Separated Widowed Never married	1 2 3 4 5 6 7
A6.MostSleep	Where did you most often sleep in the last 6 months?	House On the street Church/Mosque/Shrine Other (specify)	1 2 3 6
A7.WhomSleep	With whom did you mostly live in the last 6 months?	Parents Spouse and children Children only Other relatives Friends Alone Other (specify)	1 2 3 4 5 6 7

A8.Last6Month	In the last 6 months were you mostly	In full time work In part time work In casual work Unemployed Student Other (specify)	1 2 3 4 5 6
A9. All of the ways in which you have financially supported yourself in the last 6 months			
A9.1Wages		Yes No	1 2
A9.2Casual		Yes No	1 2
A9.3Family		Yes No	1 2
A9.4Friends		Yes No	1 2
A9.5Pension		Yes No	1 2
A9.6Begging		Yes No	1 2
A9.7Selling		Yes No	1 2
A9.8Thefts		Yes No	1 2
A9.9Pickpocket		Yes No	1 2
A9.10Sexwork		Yes No	1 2
A9.11Others		Yes No	1 2

## SECTION B: DRUG USE HISTORY

	Question Code		
B1.iEver Used	B1i. Have you ever used cannabis?	Yes No	1 2
B1.iiAgeatfirst	B1ii. What was your age at first use of cannabis?	Write actual age.	
B11.iii12Months	B1iii. Did you ever use it in the	Yes	1

	last 12 month?	No	2
B11.iv30days	B1iv. In the past 30 days how many days did you use it	Once 2-3 days a month About once a week 2-3 days a week 4-6 days a week Everyday Don't know Never	1 2 3 4 5 6 9 0
B11vUsualMethod	B1v. what is the usual method of use?	Inject Smoke (as in cigarette ) Eat/drink Sniff Tinfoil/chasing Don't know	1 2 3 4 5 9
B11viamount	B1vi. What is the average amount spent per day during the last 30 days on this substance?	Write actual amount.	
B12iEverused	B2i. Have you ever used Heroin?	Yes No	1 2
B12iiAgeofUse	B2ii. What was your age at first use of heroin?	Write actual age	
B12iii12Months	B2iii. Did you use it in the last 12 months?	Yes No	1 2
B12iv30days	B2iv. In the past 30 days how many days did you use it?	Once 2-3 days a month About once a week 2-3 days a week 4-6 days a week Everyday Don't know Never	1 2 3 4 5 6 9 0
B12vUsualMethod	B2v. what is the usual method of use?	Inject Smoke (as in cigarette ) Eat/drink Sniff Tinfoil/chasing Don't know	1 2 3 4 5 9
B12viamount	B2vi. What is the average amount you spent per day during the last 30 days on this substance?	Write actual amount.	
B13iEverused	B3i. have you ever used	Yes	1

	painkillers or analgesics(such as Tramadol, Morphine, Pethidine, Pentazocine)	No	2
B13iiAgeofUse	What was your age at first use?	Write actual age	
B13iii12Months	Did you use it in the last 12 months?	Yes No	1 2
B13iv30days	In the past 30 days how many days did you use it?	Once 2-3 days a month About once a week 2-3 days a week 4-6 days a week Everyday Don't know Never	1 2 3 4 5 6 9 0
B13vUsualMethod	What is the usual method of use?	Inject Smoke (as in cigarette ) Eat/drink Sniff Tinfoil/chasing Don't know	1 2 3 4 5 9

*The same pattern applies throughout B1. From cannabis to others .I.E From B1->B17.*

B2.First Use	What was the drug you first used?	Write actual drug given	
B3.Continue	After using for the first time, did you continue to use that drug?	Yes No	1 2
B4.WhyContinue	If you continued to use the drug, why?	Write actual reason given	
B5.Most Harm	Of the drugs you have used recently, which has caused you the most harm or problems?	Write code for drug as given	
B6. How	How did the drug cause problems?	Write as supplied by respondent	
B7.DonatedBlood	Have you ever donated or sold your blood?	Donated Sold Never donated/sold No response	1 2 3 4
B8.EverInject	Have you ever injected drugs (not for medical purposes)?	No Yes	1 2
	<b>Reason for not injecting</b>		
B9.1HIV	To avoid getting infected with HIV, Hepatitis	No Yes	1 2
B9.2Scared	Scared of injecting	No	1

		Yes	2
B9.3DontKnow	Don't know how to inject	No Yes	1 2
B9.4PartnerNotInjecting	Friend or partner not injecting	No Yes	1 2
B9.5Other	Other reasons (specify)	No Yes	1 2
B10Ageof Inject	How old were you when you first injected any drug?	Write actual age as given	
B10aIn12Month	Have you injected drugs in the last 12 months	No Yes	1 2
B10bIn6Month	Have you injected drugs in the last 6 months	No Yes	1 2
<b>Reason for not injecting in the last 6 months</b>			
B11.1avoidHIV	To avoid getting infected with HIV, Hepatitis	No Yes	1 2
B11.2NoVien	Don't have any veins or places left to inject	No Yes	1 2
B11.3infected	I am already infected with HIV or Hepatitis and want to protect myself or others	No Yes	1 2
B11.4Partner	Friend or partner not injecting	No Yes	1 2
B11.5Other	Other reasons (specify)	No Yes	1 2
<b>SECTION C. INJECTING DRUG USE</b>			
C1.FreqInject	In the last six months, on the average, how often did you inject drugs?	Once a month or less Two to three days a month About once a week Two to three days a week Four to six days a week Everyday Don't know	1 2 3 4 5 6 9
C2.Past6Mnths	On a typical day when you injected in the past 6 months, how many times did you inject drugs?	About once a day Two to three times Four or more times Don't know	1 2 3 9



<b>C3. Which of the drugs was injected in the past 6 months</b>			
C3a.Heroin	Heroin	No	1
		Yes	2
C3b. Methamphetamine	Methamphetamine (crystal or powder)	No	1
		Yes	2
C3c.Cocaine	Cocaine	No	1
		Yes	2
C3d.Tranquilizer	Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	No	1
		Yes	2
C3e.PainKiller	Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	No	1
		Yes	2
C3f.Amphetamine	Amphetamines such as Dexedrine or Adderall	No	1
		Yes	2
C3g.MethamphetamineTab	Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	No	1
		Yes	2
C3h.OtherSpecify	Others (specify) _____	No	1
		Yes	2
<b>C4. In the last 6 months Have you ever injected drugs at?</b>			
C4.Injected At	Place where you live	No	1
		Yes	2
	At the home of your sex partner	No	1
		Yes	2
	someone else's house or apartment	No	1
		Yes	2
	Drug dealer's house or apartment	No	1
		Yes	2
	Abandoned building	No	1
		Yes	2
	Entertainment venue	No	1
		Yes	2
	On the street, in a park, alley or public toilet	No	1
		Yes	2
	Jail/Prison	No	1
		Yes	2
	Others(specify)	No	1
		Yes	2
<b>Of these places, where do you inject most often?</b>			
C5.Where	Place where you live	No	1
		Yes	2
	At the home of your sex partner	No	1
		Yes	2
	Someone else's house or apartment	No	1

		Yes	2
	Drug dealer's house or apartment	No	1
		Yes	2
	Abandoned building	No	1
		Yes	2
	Bar/Entertainment venue	No	1
		Yes	2
	On the street, in a park, alley or public toilet	No	1
		Yes	2
	Jail/Prison	No	1
		Yes	2
	Others(specify)	No	1
		Yes	2
C6. FreqInject	In the last six months, how often did you inject with other people who were also injecting drugs at the same time you were?	Never	1
		Rarely	2
		Sometimes	3
		Often	4
		Always	5
		Don't know	8
<b>C7. Additionally, have you injected with</b>			
C7.1Spouse	Spouse/Partner	No	1
		Yes	2
C7.2Friends	With friends or acquaintances	No	1
		Yes	2
C7.3Unknown	With people you don't know	No	1
		Yes	2
C7.4Family	Family member	No	1
		Yes	2
C7.5Other	Other specify	No	1
		Yes	2
<b>C8. Who did you inject drugs with most often, in the last six months?</b>			
C8.InjectWithMost	In the last 6 months, who did you inject drugs with MOST OFTEN	Spouse/partner	1
		Friends or acquaintances	2
		With people I don't know	3
		Family member	4
		Other	5
		Don't know	9
<b>C9. When you injected drugs in the last 6 months how often did you use these items with other people</b>			
C9.1DrawnDrugs	Drawn drugs from the same cooker (bottle cap, spoon, etc)	Never	1
		Rarely	2
		Sometimes	3
		Often	4
		Always	5

		DK NR	8 9
C9.2CottonSwab	Used the same cotton swab	Never Rarely Sometimes Often Always DK NR	1 2 3 4 5 8 9
C9.3RinseWater	Used the same rinse water (water to clean injections, needles)	Never Rarely Sometimes Often Always DK NR	1 2 3 4 5 8 9
C10.InjectAfter	In the last six months, how often did you inject with a needle or syringe after someone else had used it?	Never Rarely Sometimes Often Always No Response Don't Know	1 2 3 4 5 8 9
C11.AfterYou	In the last six months, how often did someone else use a syringe or a needle after you had already used it?	Never Rarely Sometimes Often Always No Response Don't Know	1 2 3 4 5 8 9
<b>C12. In the last six months, reasons for sharing a needle or syringe with others?</b>			
G12aOneNeedle	There was only one needle available	No Yes	1 2
C12bNeeded	You needed help injecting	No Yes	1 2
C12cHelpingOther	Someone else needed help injecting	No Yes	1 2

C12dTrustedFriend	You were injecting with people you trust (sex partner, lover, or friend)	No Yes	1 2
C12eUpset	People get upset if you don't use the same needle or syringe	No Yes	1 2
C12fClogged Needle	The needle had been clogged	No Yes	1 2
C12gbroke	The needle you had was broke or dull	No Yes	1 2
C12hCleaned	The needle had been cleaned	No Yes	1 2
C12iUrgentneed	You had an urgent need to take the drug	No Yes	1 2
C12JOther	Other (specify)	No Yes	1 2
<b>C13. When you used a needle that was used before you by someone else in the last six months, how often did you clean it with...</b>			
C13aWater	Only cold water	Never Rarely Sometimes Often Always NR DK	1 2 3 4 5 8 9
C13bBleach	Bleach (chlorine)	Never Rarely Sometimes Often Always NR DK	1 2 3 4 5 8 9
C13cSpirit	Spirit/Rubbing Alcohol	Never Rarely Sometimes Often Always NR DK	1 2 3 4 5 8 9
C13dBoilingWater	Boiling water	Never Rarely Sometimes Often Always NR DK	1 2 3 4 5 8 9
C13ePaper	Paper/ Tissue paper/cloth	Never Rarely Sometimes	1 2 3

		Often Always NR DK	4 5 8 9
C13fOtherSpecify	Other (specify)	Never Rarely Sometimes Often Always NR DK	1 2 3 4 5 8 9
C14NewNeedle	During the last 6 months, when you injected drugs, how often did you get new needles/syringes in a month?	Never Once a month or less 2 to 3 times a week 4 to 6 days a week Everyday Every time I inject NR DK	1 2 3 4 5 6 8 9
C15Freq	In the last six months, once you started using a brand new needle, how many times did you use it for?	Use set only once once NR DK	77 88 99
C16Ease	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.	Never tried Very easy Quite easy A little bit difficult Very difficult Impossible NR DK	1 2 3 4 5 6 8 9
C17MostNew	During the last 6 months where have you gotten MOST of your new or unused syringes or needles	As filled by the respondents	
<b>C18. In addition, during the last 6 months have you gotten your new or unused syringe or needles from?</b>			
C18.1Spouse	Wife/ husband or sex partner	No Yes	1 2
C18.2Family	From a family member or a relative	No Yes	1 2
C18.3Friend	From a friend or an acquaintance	No Yes	1 2

C18.4Pharmacy	From a pharmacy (skip Q. 20 and 21)	No Yes	1 2
C18.5Outreach	From a outreach worker (skip Q20)	No Yes	1 2
C18.6DIC	From a drop-in centre (skip Q.21)	No Yes	1 2
C18.7Another	From another injector (needle dealer)	No Yes	1 2
C18.8Dealer	From a drug dealer	No Yes	1 2
C18.9OthersSpecify	Other (specify)	No Yes	1 2

## SECTION D: CONTACT WITH DRUG USERS

(For question D! convert percentages to numbers where appropriate).

D. Approximately how many drug users with whom you have PERSONAL CONTACT with in the LAST 12 MONTHS...?

D1	Approximately how many drug users with whom you have PERSONAL CONTACT with in the LAST 12 MONTHS?	Write actual number	
D1.1 Cannabis			
D1aCannabis	How many drug users have you had personal contact who use the following drugs?	Write actual number	
D1bWomen	How many of these drug users were women?	Write actual number given	
D1cInjector	How many of these drug users were injectors	Write actual number given	
D1dTreated	How many of these drug users have been for treatment in Govt. run treatment facility?	Write actual number given	
D1eNGO	How many of these drug users may have been registered by NGOs or private clinic?	Write actual number given	
D1fNDLEA	How many of these drug users may have utilized the services of a NDLEA Counselling Centre?	Write actual number given	
D2.Meth			
D2aMeth	How many drug users have you had personal contact with uses the following drugs?	Write actual number given	
D2bWomen	How many of these drug users were women?	Write actual number given	
D2cInjector	How many of these drug users were injectors	Write actual number given	

D2dTreated	How many of these drug users have been for treatment in Govt. run treatment facility?	Write actual number given	
D2eNGO	How many of these drug users may have been registered by NGOs or private clinic?	Write actual number given	

N/B. Same applies till D17

## SECTION E: TREATMENT HISTORY

E1Ever Received	Have you ever received treatment for a drug problem?	No Yes	1 2
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### E2. Have you ever received treatment for...

E2.1Cannabis	Cannabis	No yes	1 2	In the past 6 months	No Yes	1 2
E2.2Metamphetamine	Methamphetamine(crystal or powder)	No Yes	1 2	In the past 6 months	No Yes	1 2
E2.3Cocaine	Cocaine	No Yes	1 2	In the past 6 months	No Yes	1 2

*The same pattern applies throughout E2. From cannabis to others .I.E From E2.1->E2.17.*

E3Ageat1Treatment	How old were you when you first had treatment for any drug problem?	<input type="text"/> <input type="text"/> Years old	Write as given by respondent
E4totalTimes	In total, how many times in your life have you been treated for drug problems?	<input type="text"/> <input type="text"/> <input type="text"/> Times	Write as given by respondent

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

E5.1Govt	Govt. hospital	No Yes	1 2	No. of Times
E5.2Private	Private Clinic	No Yes	1 2	No. of Times
E5.3NGO	NGO run treatment facility	No Yes	1 2	No. of Times
E5. 4At home	At home	No Yes	1 2	No. of Times
E5.5Others	Others (specify)	No Yes	1 2	No. of Times
E6 How Long	How long after you had first started using drug did	Months/year  __ __	Write as given	

	you go for treatment?	Don't know	99
E7 How Long ID	And how long after you had first started <u>injecting</u> drugs, did you go for treatment?	Months/year   ___   ___   Don't know Never injected	Write as given 99 88
E8Tx DU	During the last 12 months, have you received treatment for drug use problems?	Yes No Don't know Refuse to answer	1 2 3 4

<b>E9. What was your Primary drug of abuse?</b>			
E9 1Cannabis	Cannabis (herb or resin)	No Yes	1 2
E9 2Meth.crystal or powder	Methamphetamine (crystal or powder)	No Yes	1 2
E9 3Cocaine	Cocaine	No Yes	1 2

*The same pattern applies throughout E9. From cannabis to others .I.E From E9.1->E9.13.*

<b>E10-E11. No of times and duration received treatment</b>		
E10aPrivateHosp	Number of times received treatment in Private Hospital/clinic	Write as given
E11aPriv	Time spent in private hospital/clinic treatment	Write as given in days
E10bPsychiatric	Number of times received treatment in Psychiatric Hospital	Write as given
E11bPsy	Time spent in psychiatric hospital	Write as given in days
E10cGovernmet	Number of times received treatment in other Government hospitals	Write as given
E11cGovernment	Time spent in other government hospitals	Write as given in days
E10dNGO	Number of times received treatment in NGO/Treatment centre	Write as given
E11dNGO	Time spent NGO/treatment centre	Write as given in days
E10eHome	Number of times received treatment in home treatment centre	Write as given
E11Home	Time spent in home treatment centre	Write as given in days
E10fFaith	Number of times received	Write as given



	treatment in faith-based treatment centre	
E11fFaith	Time spent in faith-based treatment centre	Write as given in days
E10gOther	Number of times received treatment in other treatment centre	Write as given
E11gOther	Time spent in other treatment centre	Write as given in days

<b>E12 At the most recent (treatment), did you receive any of the following services?</b>				
E12.1DETOXIFICATIN	Detoxification	No Yes	1 2	No. of Times
E12.2Counselling	Counselling (including psychotherapy)	No Yes	1 2	No. of Times
E12.3RElapse	Relapse prevention training	No Yes	1 2	No. of Times
E12.4Self-help	Self-help groups	No Yes	1 2	No. of Times
E12.5Rehab	Social rehabilitation	No Yes	1 2	No. of Times
E12.6HIV	HIV testing and counselling	No Yes	1 2	No. of Times
E12.7ART	Referral to ART	No Yes	1 2	No. of Times
E12.8OtherSPECIFY	Other specify	No Yes	1 2	No. of Times

E13TreatmentNeed	To what extent would you say that you are currently in need of treatment for your drug use problem?	Urgent Some need No need	1 2 3
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## **SECTION F: SERVICE UTILIZATION**

F1WantedTreatment	Have you ever wanted to get help/treatment for your drug problems but was unable to?	No Yes	1 2
<b>F2. What was the main thing(s) that prevented you from getting treatment?</b>			
F2AFear	Fear of registration	No Yes	1 2
F2BTrust	Don't trust government facilities	No	1

		Yes	2
F2C Afford	Can't afford to pay for treatment / too expensive	No yes	1 2
F2D Slots	No treatment slots available	No Yes	1 2
F2E Regime	Dislike treatment regime	No yes	1 2
F2F Facility staff	Dislike treatment facility staff	No Yes	1 2
F2G Lack inpatient TX	Local specialized treatment services do not have inpatient treatment	No Yes	1 2
F2H Lack information	Didn't have information about local treatment services	No Yes	1 2
F2I Stigma	Fear of stigma	No Yes	1 2
F2J Not available	Treatment services not available in my area	No Yes	1 2
F2kOther Specify	Other specify	No yes	1 2
F3Ease	How easy or difficult would you say it is for drug users in your area to get treatment for drug problems?	Very easy Quite easy Unsure A little bit difficult Very difficult	1 2 3 4 5
F4Outreach	Is there any outreach worker in your area who has spoken to you about drugs?	No Yes DK	1 2 3

## SECTION G: PRISON HISTORY

Variable name	Question		
<b>G1 Ever arrested</b>	Have you ever been arrested for a drug-related offence?	<b>No</b> <b>Yes</b>	<b>1</b> <b>2</b>
<b>G2 Arrest age</b>	How old were you when you were first arrested for a drug-related offence?	<input type="text"/> <input type="text"/>	<b>Fill in as given</b>
<b>G3 Month First Drug Arrest</b>	How long after you first started using drugs were you first arrested for a drug related offence?	<input type="text"/> <input type="text"/>	<b>Fill in as given</b>
<b>G4 Month First Injecting</b>	How long after you first started injecting were you first arrested for	<input type="text"/> <input type="text"/>	<b>Fill in as</b>

	a drug related offence?	Never injected drugs <input type="checkbox"/>	<b>given</b>
<b>G5 Times Arrested</b>	How many times in your life have you been arrested for a drug-related offence?	<input type="text"/> <input type="text"/> <input type="text"/> times	<b>Fill in as given</b>
<b>G6 Month Prison time</b>	Approximately how much time have you spent in <b>prison</b> during your lifetime while arrested for a drug-related offence?	<input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> years	<b>Fill in as given</b>
<b>G7 Months Total</b>	In total, approximately how much time have you spent in <b>custody</b> of law enforcement agencies during your lifetime for drug related offences (e.g., lockup)?	<input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years	<b>Fill in as given</b>
<b>G8 Ever Arrested</b>	Which of the following offences have you ever been arrested for?	Possession of illegal drugs      No <b>1</b> yes <b>2</b>  Selling illegal drugs      No <b>1</b> yes <b>2</b>  Trafficking illegal drugs No <b>1</b> yes <b>2</b>  Using drugs      No <b>1</b> yes <b>2</b>  Burglary      No <b>1</b> yes <b>2</b>  Sex work      No <b>1</b> yes <b>2</b>  Shop lifting      No <b>1</b> yes <b>2</b>  Theft      No <b>1</b> Yes <b>2</b>  Other      No <b>1</b> yes <b>2</b>	
<b>G8. A</b> Which drugs were you arrested for <b>using</b> [or in possession of			

	G8a. 1 Cannabis	No Yes	1 2
	G8a.2 Methamphetamine	No Yes	1 2
	G8a.3 Cocaine	No Yes	1 2
	G8a. 4 Crack cocaine	No Yes	1 2
	G8a.5 Ecstasy	No Yes	1 2
	G8a.6 Tranquilizer	No Yes	1 2
	G8a. 7 Maltranal	No Yes	1 2
	G8a.8 Alcohol	No Yes	1 2
	G8a.9 Painkillers	No Yes	1 2
	G8a.10 Amphetamine	No Yes	1 2
	G8a.11 Meth	No Yes	1 2
	G8a.12 Heroin	No Yes	1 2
	G8a.13 LSD	No Yes	1 2
	G8a.14 PCP	No Yes	1 2
	G8a.15 Solvents	No Yes	1 2
	G8a.16 CoughSyrup	No Yes	1 2
	G8a.17 OtherSpecify	No Yes	1 2
<b>G8. B</b> Have you been arrested for any of the following offences?			
	G8b.a Burglary	No Yes	1 2
	G8b.b Prostitution	No Yes	1 2
	G8b.c Shoplifting	No Yes	1 2
	G8b.d Theft	No Yes	1 2
G9. Arresting 12 months	Have you been arrested in the last <b>12 months</b> for a drug-related offence?	No Yes	1 2

G9a Times Arrested In 12months	In all, how many times have you been arrested in the last 12 months for such a drug-related offence?	<input type="text"/> <input type="text"/> <input type="text"/> Times	Fill in as given
G9b.DaysTotal Prison	In total, how long have you spent in prison while arrested for such a drug-related offence in the last 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> Days	Fill in as given
G9b.Total Prison month		<input type="text"/> <input type="text"/> Month	Fill in as given
G9b.Total Prison Year		<input type="text"/> <input type="text"/> Years	Fill in as given
G9c.Total Custody	In total, how many days have you spent in custody-after being arrested for-a drug-related offence in the last 12 months?	<input type="text"/> <input type="text"/>	Fill in as given
G10.Custody Sex	Have you ever had sex while held in custody, jail, or prison?	Yes No	1 2
G11.Custody Condom	When you had sex while you were in these jail/prison/custody, did you ever use condoms?	Never Rarely Sometimes Often Always Don't know	1 2 3 4 5 9
<b>SECTION H : SEX LIFESTYLE</b>			
H1.Age First Sex	How old were you the first time you had sex?	<input type="text"/> <input type="text"/>	Fill in as given
H2. Who with	Was this person your...	Wife Girlfriend Husband Boyfriend No response Other specify	1 2 3 4 8
H3.Sex Partners	When you began to use drugs did the number of partners you had sex with increase or decrease? (Read the responses)	There has been no change There has been an increase There has been a decrease No response	1 2 3 8

		<b>Don't know</b>	<b>9</b>
H4.Had Sex	Have you ever had sex with other people who use drugs or inject drugs?	<b>No</b> <b>Yes</b>	<b>1`</b> <b>2</b>
H5.Sex Frequency	In the last six months, how often have you had sex?	<b>None</b> <b>Once a month or less</b> <b>Two or three times a month</b> <b>About once a week</b> <b>Two to three days a week</b> <b>Four to six days a week</b> <b>Everyday</b> <b>No response</b>	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b>
H6.Women	In the last six months, how many women have you had sex with	<input type="text"/> <input type="text"/> <input type="text"/>  none unknown refused write	<b>Fill in as given</b> <b>777</b> <b>999</b> <b>888</b>
H6a. Men	In the last six months, how many men have you had sex with?	<input type="text"/> <input type="text"/> <input type="text"/>  none unknown refused write	<b>Fill in as given</b> <b>777</b> <b>999</b> <b>888</b>
H7.No Regular Sex	In the last six months, how many regular, steady sex partners have you had?	<input type="text"/> <input type="text"/> <input type="text"/>  none unknown refused write	<b>Fill in as given</b> <b>777</b> <b>999</b> <b>888</b>
H8.Condom Use	In the last six months, how often did you or your steady partner(s) use a condom while you were having penetrative sex?	Never Rarely Sometimes Often Always DK	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>9</b>
H9. As far as you know, have any of these steady sex partner(s)			
H9.1Used drugs	Used drug in the last 12 months	Yes No	<b>1</b> <b>2</b>

		Refused Don't know	8 9
H9.2Injected	Injected drugs in the last twelve months	Yes No Refused Don't know	1 2 8 9
H9.3Ever Inject	Ever injected drugs	Yes No Refused Don't know	1 2 8 9
H9.4Ever sex	Ever had sex with other men/women	Yes No Refused Don't know	1 2 8 9
H9.5HIVPositive	Ever been told that they were HIV positive	Yes No Refused Don't know	1 2 8 9
H10.OtherSex	In the last six months, how many other sex partner have you had?	<input type="text"/> <input type="text"/> <input type="text"/>  none unknown refused write	<b>Fill in as given</b> <b>777</b> <b>999</b> <b>888</b>
H11. Condom with Other	In the last six months, how often did you or your other partner(s) use a condom while you were having penetrative sex?	Never Rarely Sometimes Often Always DK	1 2 3 4 5 9
H12. As far as you know, have any of these other sex partner			
H12.1Used Drugs	Used drug in the last 12 months	Yes No Refused Don't know	1 2 8 9
H12.2Injected	Injected drugs in the last twelve months	Yes No Refused Don't know	1 2 8 9
H12.3Ever Inject	Ever injected drugs	Yes No Refused Don't know	1 2 8 9
H12.4Ever Sex	Ever had sex with other men/women	Yes No	1 2

		Refused	<b>8</b>
		Don't know	<b>9</b>
H12.5HIV positive	Ever been told that they were HIV positive	Yes	<b>1</b>
		No	<b>2</b>
		Refused	<b>8</b>
		Don't know	<b>9</b>
H13A. Drugs	Did you give drugs to have sex?	Yes	1
		No	2
		No response	8
		Don't know	9
H13A. How Many	If yes how many	Fill in as given	
H13b. Money	Did you give money to have sex?	Yes	<b>1</b>
		No	<b>2</b>
		No response	<b>8</b>
		Don't know	<b>9</b>
H13b.How Many	If yes how many	Fill in as given	
H13c. Receive Drugs	Did you receive drugs to have sex?	Yes	<b>1</b>
		No	<b>2</b>
		No response	<b>8</b>
		Don't know	<b>9</b>
H13c. How Many	If yes how many	Fill in as given	
H13d.Receive Drugs	Did you receive money to have sex?	Yes	<b>1</b>
		No	<b>2</b>
		No response	<b>8</b>
		Don't know	<b>9</b>
H13d. How Many	If yes how many	Fill in as given	
H14.Condom Use	On these occasions, How often did you or these partners use condoms while you were having penetrative sex?	Never	<b>1</b>
		Rarely	<b>2</b>
		Sometimes	<b>3</b>
		Often	<b>4</b>
		Always	<b>5</b>
		DK	<b>9</b>
H15. Relationship		Steady partner such as a spouse	1
		Casual partner	2
		Paying partner (paid you with money or drugs)	3
		Charging partner (you paid with money or drugs)	4
		No response	8
		Don't know	9



		Other( specify)	
H16.LastTime	The last time you had sex, did you or the person you were with use a condom?	No Yes No response Don't know	<b>1</b> <b>2</b> <b>8</b> <b>9</b>
<b>H17. Have you ever been diagnosed or told by a health professional that you have</b>			
H17a.HepB	Hepatitis B	Yes No Don't know	1 2 9
H17B.HepC	Hepatitis C	Yes No Don't know	1 2 9
H17c.HIV	HIV/AIDS	Yes No Don't know	1 2 9
H17dOtherSTI	Other sexually transmitted disease (specify)	Yes No Don't know	1 2 9
H17eTB	Tuberculosis	Yes No Don't know	1 2 9
<b>SECTION I: SEVERITY OF DEPENDENCE SCORE FOR MAIN DRUG</b>			
I1.Out of Control	Did you ever think that your [main drug] use was out of control?	Never/almost never Sometimes Often Always/nearly always	1 2 3 4
I2. Anxious	Did the prospect of not taking any [main drug] make you anxious or worried?	Never/almost never Sometimes Often Always/nearly always	1 2 3 4
I3.WOrry	Did you worry about your [main drug] use?	Never/almost never Sometimes Often Always/nearly always	1 2 3 4
I4.WishtoStop	Did you wish you could stop taking [main drug]?	Never/almost never Sometimes Often	1 2 3

		Always/nearly always	4
I5.Difficulty	How difficult would you find it to stop or go without [main drug]	Never/almost never Sometimes Often Always/nearly always	1 2 3 4
Reliability of Information	In your opinion how reliable was the information given by the respondent?	Good Average Poor	1 2 3
End Time	Time interview ended (GMT)	Write in local time.	