Form Approved OMB No.: 0930-0357 Expiration Date: 11/30/2024

## National Minority AIDS Initiative (MAI) Substance Abuse/HIV Prevention Initiative

## **Adult Questionnaire**

TO BE FILLED OUT BY THE LOCAL GRANT SITE DATA COLLECTOR

Participant ID #:

RESPONDENT OR PARTICIPANT: Before answering any of the questions, please make sure your name is correct. If incorrect, make the change in the box above. <u>Do not write your name on any other page in this questionnaire</u>. Thank you.

#### **National Minority AIDS Initiative (MAI)** Substance Abuse/HIV Prevention Initiative

### **Adult Questionnaire**

Funding for data collection supported by the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)

These questions are part of a data collection effort about how to prevent substance abuse and HIV infection. The questions are being asked of hundreds of other individuals throughout the United States. The data findings will be used to help prevention initiatives learn more about how to keep people from using drugs and getting infected with HIV.

Completing this questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. If you decide not to participate in this survey, it will have no effect on your participation in direct service programs. However, your answers are very important to us. Please answer the questions honestly based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. Do not write your name anywhere on this questionnaire.

We would like you to work fairly quickly so that you can finish. Please work quietly by yourself. If you have any questions or don't understand something, let the data collector know.

We think you will find the questionnaire to be interesting and that you will like filling it out. Thank you very much for being an important part of this data collection effort!

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0357. Public reporting burden for this collection of information is estimated to average .20 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, MD 20857.

#### **INSTRUCTIONS**

- 1. Answer each question by marking one of the answer circles. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.
- 2. Mark your answers carefully so we can tell which answer circle you chose. Do not mark between the circles.
- 3. It is very important that you answer each question truthfully. Your responses will not be helpful unless you tell the truth.

#### MARKING YOUR ANSWERS

- Use a No. 2 black lead pencil.
- Do not use an ink or ballpoint pen.
- Make heavy dark marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on this questionnaire.

#### **EXAMPLES**

Correct Marks:

Incorrect Marks:







#### Record Management Section: To Be Completed by Designated Staff

Other Health Care Services

Grant ID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SP	Individual Services  ○ Risk Reduction and/or Resiliency Strength Assessment
	Risk Reduction Counseling/Education
Study Design Group (Select one)	HIV Testing Counseling
	O Viral Hepatitis Testing Counseling
<ul><li>Intervention</li><li>Comparison</li></ul>	<ul><li>Psycho-Social Counseling</li><li>Substance Abuse Counseling</li></ul>
Companson	Substance Abuse Counseling     Substance Abuse Education
Participant ID	Opioid Prevention Education
	O Opioid Prevention Counseling
	O HIV Education
Date of Survey Administration	<ul><li>STD Education</li><li>Viral Hepatitis Education</li></ul>
Sale of Garrey Administration	Mentoring (Peer or Other Type)
/  /	Case Management Services
Month Day Year	All Other Individual Services
Interview Type (colort one)	SPECIFY:
Interview Type (select one)	**Education may refer to population level information whereas counseling is clinical.
O Baseline	counselling is clinical.
O Exit	Group Services
<ul><li>Follow-up</li><li>Testing Services Only (skip to section B)</li></ul>	<ul> <li>Support Group</li> </ul>
Testing dervices only (skip to section b)	O Group Counseling/Therapy
A) Intervention Details	<ul> <li>Skills Building Training/Education</li> <li>Health Education Classes/Sessions</li> </ul>
	<ul><li>Health Education Classes/Sessions</li><li>Viral Hepatitis Education</li></ul>
	O HIV Education
Type of Encounter (select all that apply)	O STD Education
O Individual	<ul> <li>Substance Abuse Education</li> </ul>
O Group	Opioid Prevention Education
	O Cultural Enhancement Activities
Intervention Name(s) If the participant is receiving direct	<ul><li>Alternative Activities</li><li>All Other Group Services</li></ul>
services from more than one intervention, please list each	SPECIFY:
intervention below.	
1.	C) Referrals
	Please mark any topic areas in which staff facilitated participant
2.	access to prevention, treatment, or recovery services. Select all
3.	that apply. If not applicable, leave blank.
Ç.	O HIV Testing
Total Number of Direct Service Encounters Count each	O HIV Treatment
encounter once; if you provide multiple services during an	<ul><li>HIV Treatment</li><li>VH Testing</li></ul>
encounter, it still only counts as one encounter	O VH Counseling
direct service encounters	O VH Vaccination
	O VH Treatment
Average Duration of Encounter(s) Round time to nearest five	<ul> <li>○ Substance Abuse Treatment</li> </ul>
(5) minute interval)	Prescription Drugs/Opioid Treatment
minutes	O Mental Health Services (excluding HIV & VH counseling)
D) Coming Tyme(c) (colort all that apply)	O Health Care Services (excluding SA, HIV, prescription
B) Service Type(s) (select all that apply)	drug/opioid, & VH treatment)  O Medicated-Assisted Treatment (MAT)
Testing Services	Please indicate the following:
O HIV Testing	O Number of days in MAT
O Viral Hepatitis (VH) Testing	<ul> <li>Type of medication received (specify)</li> </ul>
O Other STD Testing	<ul> <li>Supportive Housing</li> </ul>
Haalth Oans Comissa	O Other Social Support (e.g., job placement, public health
Health Care Services	care safety net, insurance programs, etc.)
<ul><li>VH Vaccination</li><li>Primary Health Care Services</li></ul>	SPECIFY:
- I may Hould out out of	

## **Section One: Facts About You**

First, we'd like to ask some basic questions about you. Your answers will not be used to identify you in any way. Instead, your answers will help us understand how different groups (like people from different generations or from different backgrounds) feel about substance abuse and HIV prevention.

1.	What is your date of	birth?		4.	What is your gender?
2.	/    Month  Refused  Are you Hispanic, La	 Year tino/a, c	or Latinx?		<ul><li>Male</li><li>Female</li><li>Transgender</li><li>Other (Specify)</li><li>Refused</li></ul>
	, ,	ŕ			4a. [IF Yes to Transgender]
	O Yes				Do you consider yourself to be?
	<ul><li>No</li><li>Refused</li></ul>				
	O Moradoa				O Transgender, male to female
	2a. [IF YES] What eth	nic gro	up do you consider		<ul><li>Transgender, female to male</li><li>Transgender, gender nonconforming</li></ul>
	yourself? You may sa	ay yes t	o more than one.		Tranogonaor, genaor noncomentury
		Yes	No	5.	What is your sexual orientation?
	Central American	0	0		C. Ctusisht/llstanssamal
	Cuban	O	0		<ul><li>Straight/Heterosexual</li><li>Gay/Lesbian</li></ul>
	Dominican	0	0		O Bisexual
	Mexican	0	0		O Queer, Pansexual, and/or Questioning
	Puerto Rican	0	0		Something Else? Please Specify
	South American	0	0		O Refused
	Other (specify)			_	
	Refused	0	0	6.	Describe where you live.
3.	What is your race? Y than one.	ou may	indicate more		<ul><li>In my own home or apartment</li><li>In a relative's home</li><li>In a group home</li></ul>
	D	Yes	No		<ul><li>In campus/dormitory housing</li><li>In a foster home</li></ul>
	Black or African American	0	0		O Homeless or in a shelter
	White	0	0		O Other
	American Indian or Alaska Native	0	0	7.	Are you currently attending college?
	Asian Indian	0	0		O Yes
	Chinese	0	0		O No
	Filipino	0	0		
	Japanese	0	0		
	Korean	0	0		
	Vietnamese	0	0		
	Other Asian	0	0		
	Native Hawaiian	0	0		
	Guamanian or				
	Chamorro	0	0		
	Samoan	0	0		

Other Pacific

Islander Refused 0

0

0

8.	Have you ever served in the Armed Forces, the Reserves, or the National Guard?  O Yes	13.	liv	ould you know <u>where</u> to go near where you e to see a health care professional garding a drug or alcohol problem?
	O No		0	Yes
	O INO		0	
9.	In the past 30 days, how many times have you			INO
Э.	been arrested?	11	١٨/	ould you know where to go near where you
	been arrested?	14.		ould you know where to go near where you
	O Times			e to see a health care professional
	O Times			garding HIV/AIDS or other sexually Insmitted health issues?
	O Refused		ua	instituted health issues?
	O Don't know			Yes
40	Ann		_	
10.	Are you on parole or probation?		0	No
	O Yes	15	: т	hink about the household members who live
	O No	10		
	O NO			with you right now. About how much income
44	Have your area been informed of your HIV status			ave you and your family members made in the
11.	Have you ever been informed of your HIV status			ast year before taxes? (Include child support and
	(that is, whether or not you are HIV-positive)			ash payments from the government—for example,
	based on the result of an HIV test?			relfare [TANF], SSI, or unemployment
			C	ompensation)
	O Yes			
	O No		0	\$0–\$10,000
			0	\$10,001–\$30,000
12.	Have you ever been informed of your viral		0	\$30,001–\$50,000
	hepatitis (VH) status (that is, whether or not you		0	\$50,001-\$70,000
	are infected with a hepatitis virus) based on the		0	More than \$70,000
	result of a VH test?			
	O Yes			

O No

### Section Two: Attitudes & Knowledge

Next, we'd like to ask you how you feel about substance use and sexual behavior. Again, your answers are private and will not be used to identify you.

16. What level of risk do you think people have of harming themselves physically or in other ways when they use tobacco once or twice a week?

By tobacco, we mean menthol cigarettes, regular cigarettes, loose tobacco rolled into cigarettes or cigars, pipe tobacco, snuff, chewing tobacco, dipping tobacco, snus, and others.

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say
- 17. What level of risk do you think people have of harming themselves physically or in other ways when they binge drink alcoholic beverages once or twice a week? Binge drinking is 5 or more alcoholic beverages at the same time or within a couple of hours of each other for males; 4 or more for females. By alcoholic beverage, we mean beer, wine, wine coolers, malt beverages, or hard liquor.
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Don't know or can't say

- 18. What level of risk do you think people have of harming themselves physically or in other ways when they use marijuana or hashish once or twice a week? Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Don't know or can't say
- 19. What level of risk do you think people have of harming themselves physically if they share needles, syringes or other injection equipment when using drugs?
  - No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Don't know or can't say
- 20. What level of risk do you think people have of harming themselves physically or in other ways when they use <u>non-prescription opioid</u> <u>drugs</u> once or twice a week? By non-

prescription opioid drugs we mean the illegal drug heroin and illicitly made synthetic opioids, such as fentanyl.

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

		No risk
		Slight risk Moderate risk
		Great risk
		Don't know or can't say
		ext few questions ask about having sex. By sex or all activity, we mean a situation where two partners get
		illy excited or aroused (turned on) by touching each
		s genitals (penis or vagina) or anus (butt) with their
OW	n g	enitals, hands, or mouth.
	haı	nat level of risk do you think people have of rming themselves if they have sex (oral, ginal, or anal) without a condom or dental m?
	0	No risk
		Slight risk
	0	Moderate risk
		Great risk
	0	Don't know or can't say
	of I hig	nat level of risk do you think people have harming themselves if they have sex while the influence of ohol?
	0	No risk
		Slight risk
		Moderate risk
		Great risk
	O	Don't know or can't say
		ould refuse if someone wanted to have sex hout a condom or a dental dam.
	0	Strongly agree
		Agree
	0	Disagree
	0	Strongly disagree

21. What level of risk do you think people have of harming themselves physically or in other ways when they take prescription opioid drugs without a doctor's orders once or twice a week? By prescription opioid drugs, we mean pain relievers such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, methadone, tramadol, hydromorphone,

oxymorphine, tapentadol.

## **Section Three: Behavior**

#### Tobacco, Alcohol, and Drugs

Think back over the past 30 days and record on how many days, if any, you did any of the following.

Over the past 30 days, how many day	Definitions		
25. <u>Use tobacco?</u>	Days ○ Don't know or can't say	By tobacco, we mean menthol cigarettes, regular cigarettes, loose tobacco rolled into cigarettes or cigars, pipe tobacco, snuff, chewing tobacco, dipping tobacco, snus, and others.	
26. <u>Use electronic vapor products?</u>	Days ○ Don't know or can't say	By electronic vapor products we mean Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), e-pipes or electronic nicotine delivery systems (ENDS).	
27. <u>Drink alcohol?</u> (any use at all)	Days ○ Don't know or can't say	By alcohol, we mean beer, wine, wine coolers, malt beverages, or hard liquor.	
28. Binge drink?	Days ○ Don't know or can't say	Binge drinking is 5 or more alcoholic beverages at the same time or within a couple of hours of each other for males; 4 or more for females.	
29. Use <u>marijuana or hashish?</u>	Days ○ Don't know or can't say	Marijuana is sometimes called cannabis, weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.	
30. Use <u>prescription opioid drugs</u> without orders given to you by your doctor?	Days ○ Don't know or can't say	By prescription opioid drugs, we mean pain relievers such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphine, tapentadol.	
31. Use other prescription drugs without orders given to you by your doctor? Please exclude prescription opioid drugs.	Days ○ Don't know or can't say	By other prescription drugs, we mean substances like barbiturates, sedatives, hypnotics, non-benzo tranquilizers.	
32. Use <u>non-prescription opioid</u> <u>drugs?</u>	Days O Don't know or can't say	By non-prescription opioid drugs we mean the illegal drug heroin and illicitly made synthetic opioids such as fentanyl.	
33. Use any other illegal drugs? Please exclude marijuana/hashish and non- prescription opioid drugs.	Days ○ Don't know or can't say	By other illegal drugs, we mean substances like crack or cocaine, amphetamine or methamphetamine, hallucinogens (such as LSD/acid, Ecstasy/MDMA, PCP/angel dust, peyote), inhalants (sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, shoe polish).	
34. Inject any drugs?	Days ○ Don't know or can't say	Count only injections without orders from your doctor – those you had just to feel good or to get high.	
35. Share injection equipment?	Days ○ Don't know or can't say	By injection equipment, we mean needle and drug paraphernalia.	

Now we'd like to ask you about your experience with sex. Remember, your answers will be kept private.

	36.	During the	past 30 days,	how many	y sexual	partners have	you had?
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A sexua	l partner .	is someone	with who	om you	have sex,	that is	, engage i	n sexual	activity.
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None	<ul><li>6 people</li></ul>
1 person	<ul><li>7 people</li></ul>
2 people	8 people
3 people	<ul><li>9 people</li></ul>

O 4 people O 10 people or more

5 people

**Sexual Behavior** 

#### 37. The following questions ask about unprotected sex.

Unprotected sex is vaginal, oral, or anal sex without a barrier such as a condom or dental dam.

During the past 30 days, have you had unprotected sex with								
A male	○ yes ○ no							
A female	○ yes ○ no							
A transgender individual	○ yes ○ no							
A significant other in a monogamous relationship	○ yes ○ no							
Multiple partners	○ yes ○ no							
An HIV positive person	○ yes ○ no ○ don't know							
A Hepatitis positive person	○ yes ○ no ○ don't know							
A person who injects drugs	○ yes ○ no ○ don't know							
A man who has sex with men	○ yes ○ no ○ don't know							

## 38. Have you <u>ever</u> had sex (vaginal, anal, or oral) with someone in exchange for money, drugs, or shelter?

- O No, never had sex in exchange for money, drugs, or shelter
- O Yes, within the past 3 months
- Yes, more than 3 months ago

# 39. In the <u>past 3 months</u>, how often has anyone with whom you had an intimate relationship (sexual or not) abused you emotionally, physically, or sexually?

- Never
- Rarely
- Sometimes
- Often
- Very often

# YOU ARE DONE! Thank you for your help!