

HIV Adult Questionnaire Codebook




Coding Manual for All Data Collection Points

This manual provides coding instructions for data collected using the **National Minority SA/HIV Prevention Initiative Adult Questionnaire** (OMB No.: 0930-0357, Expiration Date: 11/30/2024).

Please note code changes/definitions below

- | | |
|-----------|---|
| 98 | Items that the respondent left blank should be coded as 98, except for question 3, which is handled differently (see instructions below).
The 98 code should also be used in cases where the respondent selected multiple response options to items that require a single response, or when invalid data are entered. Instructions for use of 98 are repeated in detail in the item-by-item coding rules listed below. |
| 96 | No longer being used for invalid data (has been replaced by 98). |
| 95 | Used when the respondent selected “REFUSED.” |
| 97 | Used when the respondent selected “DON’T KNOW/CAN’T SAY.” |

Variable Color Key

- | | |
|---|---|
|  | Retired variable |
|  | New variable |
|  | Existing variable (but reordered or updated response options) |

Item#	Question/Variable	Response Choice/Numeric Code	Variable Name	Variable Status
Grant ID	Grant ID (five digits)	Five-digit number that follows "SP0" in the Grant Award Number issued by CSAP	GRANT_ID	No Change
Grp Type	Study Design Group (Select one)	1 = Intervention 2 = Comparison	DESIGNGRP	No Change
Part ID	Participant ID	Must contain a number from 1 to 30, have alphanumeric characters, and cannot start with 0; cannot be 98	PARTID	No Change
Adm Mth	Month of Survey Administration	1 = January 2 = February 3 = March 4 = April 5 = May 6 = June 7 = July 8 = August 9 = September 10 = October 11 = November 12 = December	MONTH	No Change
Adm Day	Day of Survey Administration	Two-digit number 01 to 31	DAY	No Change
Adm Yr	Year of Survey Administration	Record the four-digit year (e.g., 2015, 2016)	YEAR	No Change
Interview Type	Interview Type	1 = Baseline 2 = Exit 3 = Follow-up 4 = Testing Services Only (skip to section B)	INTTYPE	No Change

NOTE: SPARS will not accept records with missing or invalid responses to the following administrative variables: Grant ID, Study Design Group, Participant ID, Month of Survey Administration, Day of Survey Administration, Year of Survey Administration, and Interview Type.

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
A) INTERVENTION DETAILS				
Type of Encounter [SELECT ALL THAT APPLY]				
N/A	Individual	1 = Selected 0 = Not Selected	EncounterTypeIndividual	No Change
N/A	Group	1 = Selected 0 = Not Selected	EncounterTypeGroup	No Change
Intervention Name 1	Name of First Intervention	Enter the code corresponding to the reported intervention name 98 = No Response/Invalid Data	INTERVENTION_A	No Change
Intervention Name 2	Name of Second Intervention	Enter the code corresponding to the reported intervention name 98 = No Response/Invalid Data	INTERVENTION_B	No Change
Intervention Name 3	Name of Third Intervention	Enter the code corresponding to the reported intervention name 98 = No Response/Invalid Data	INTERVENTION_C	No Change
N/A	Total Number of Direct Service Encounters	Record the number of encounters	DirectServiceEncountersNumber	No Change
N/A	Average Duration of Encounters	Record average duration to the nearest five (5) minute interval	EncounterDurationAverageValue	No Change
B) SERVICE TYPES [SELECT ALL THAT APPLY]				
Testing Services				
N/A	HIV Testing	1 = Selected 0 = Not Selected	TestingServicesHiv	No Change
N/A	Viral Hepatitis (VH) Testing	1 = Selected 0 = Not Selected	TestingServicesVh	No Change
N/A	Other STD Testing	1 = Selected 0 = Not Selected	TestingServicesOther	No Change
Health Care Services				
N/A	VH Vaccination	1 = Selected 0 = Not Selected	HealthCareServicesVh	No Change
N/A	Primary Health Care Services	1 = Selected 0 = Not Selected	HealthCareServicesPrimary	No Change
N/A	Other Health Care Services	1 = Selected 0 = Not Selected	HealthCareServicesOther	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
Individual Services				
N/A	Risk Reduction and/or Resiliency Strength Assessment	1 = Selected 0 = Not Selected	IndividualServicesRiskResiliencyAssessment	No Change
N/A	Risk Reduction Counseling/Education	1 = Selected 0 = Not Selected	IndividualServicesRiskEducation	No Change
N/A	HIV Testing Counseling	1 = Selected 0 = Not Selected	IndividualServicesHivTestingCounseling	No Change
N/A	Viral Hepatitis Testing Counseling	1 = Selected 0 = Not Selected	IndividualServicesVhTestingCounseling	No Change
N/A	Psycho-Social Counseling	1 = Selected 0 = Not Selected	IndividualServicesPsychoSocialCounseling	No Change
N/A	Substance Abuse Counseling	1 = Selected 0 = Not Selected	IndividualServicesSubstanceAbuseCounseling	No Change
N/A	Substance Abuse Education	1 = Selected 0 = Not Selected	IndividualServicesSubstanceAbuseEducation	No Change
N/A	Opioid Prevention Education	1 = Selected 0 = Not Selected	IndividualServicesOpioidPreventionEducation	No Change
N/A	Opioid Prevention Counseling	1 = Selected 0 = Not Selected	IndividualServicesOpioidPreventionCounseling	No Change
N/A	HIV Education	1 = Selected 0 = Not Selected	IndividualServicesHivEducation	No Change
N/A	STD Education	1 = Selected 0 = Not Selected	IndividualServicesStdEducation	No Change
N/A	Viral Hepatitis Education	1 = Selected 0 = Not Selected	IndividualServicesVhEducation	No Change
N/A	Mentoring (Peer or Other Type)	1 = Selected 0 = Not Selected	IndividualServicesMentoring	No Change
N/A	Case Management Services	1 = Selected 0 = Not Selected	IndividualServicesCaseManagementServices	No Change
N/A	All Other Individual Services	1 = Selected 0 = Not Selected	IndividualServicesOther	No Change
N/A	All Other Individual Services Description?	(text response, up to 250 characters) 98 = No Response/Invalid Data	OtherIndividualServicesDescription	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
Group Services				
N/A	Support Group	1 = Selected 0 = Not Selected	GroupServicesSupportGroup	No Change
N/A	Group Counseling/Therapy	1 = Selected 0 = Not Selected	GroupServicesGroupCounseling	No Change
N/A	Skills Building Training/Education	1 = Selected 0 = Not Selected	GroupServicesSkillsBuilding	No Change
N/A	Health Education Classes/Sessions	1 = Selected 0 = Not Selected	GroupServicesHealthEducation	No Change
N/A	Viral Hepatitis Education	1 = Selected 0 = Not Selected	GroupServicesVhEducation	No Change
N/A	HIV Education	1 = Selected 0 = Not Selected	GroupServicesHivEducation	No Change
N/A	STD Education	1 = Selected 0 = Not Selected	GroupServicesStdEducation	No Change
N/A	Substance Abuse Education	1 = Selected 0 = Not Selected	GroupServicesSubstanceAbuseEducation	No Change
N/A	Opioid Prevention Education	1 = Selected 0 = Not Selected	GroupServicesOpioidPreventionEducation	No Change
N/A	Cultural Enhancement Activities	1 = Selected 0 = Not Selected	GroupServicesCulturalEnhancementActivities	No Change
N/A	Alternative Activities	1 = Selected 0 = Not Selected	GroupServicesAlternativeActivities	No Change
N/A	All Other Group Services	1 = Selected 0 = Not Selected	GroupServicesOther	No Change
N/A	All Other Group Services Description?	(text response, up to 250 characters) 98 = No Response/Invalid Data	OtherGroupServicesDescription	No Change
C) REFERRALS				
N/A	HIV Testing	1 = Selected 0 = Not Selected	ReferralsHivTesting	No Change
N/A	HIV Counseling	1 = Selected 0 = Not Selected	ReferralsHivCounseling	No Change
N/A	HIV Treatment	1 = Selected 0 = Not Selected	ReferralsHivTreatment	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
N/A	VH Testing	1 = Selected 0 = Not Selected	ReferralsVhTesting	No Change
N/A	VH Counseling	1 = Selected 0 = Not Selected	ReferralsVhCounseling	No Change
N/A	VH Vaccination	1 = Selected 0 = Not Selected	ReferralsVhVaccination	No Change
N/A	VH Treatment	1 = Selected 0 = Not Selected	ReferralsVhTreatment	No Change
N/A	Substance Abuse Treatment	1 = Selected 0 = Not Selected	ReferralsSubstanceAbuseTreatment	No Change
N/A	Prescription Drugs/Opioid Treatment	1 = Selected 0 = Not Selected	ReferralsPrescriptionDrugsOpioidTreatment	No Change
N/A	Mental Health Services (excluding HIV and VH counseling)	1 = Selected 0 = Not Selected	ReferralsMentalHealthServices	No Change
N/A	Health Care Services (excluding SA, HIV, prescription drug/opioid, and VH treatment)	1 = Selected 0 = Not Selected	ReferralsHealthCareServices	No Change
N/A	Medicated-Assisted Treatment (MAT)	1 = Selected 0 = Not Selected	ReferralsMedicatedAssistedTreatment	No Change
N/A	[Medicated-Assisted Treatment (MAT) selected?] Number of days in MAT	(integer) 98 = No Response/Invalid Data	MatDaysNumber	No Change
N/A	[Medicated-Assisted Treatment (MAT) selected?] Type of medication received	(text response, up to 250 characters) 98 = No Response/Invalid Data	TypeOfMedicationReceivedDescription	No Change
N/A	Supportive Housing	1 = Selected 0 = Not Selected	ReferralsSupportiveHousing	No Change
N/A	Other Social Support	1 = Selected 0 = Not Selected	ReferralsOtherSocialSupport	No Change
N/A	Other Social Support Description?	(text response, up to 250 characters) 98 = No Response/Invalid Data	OtherReferralsDescription	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
SECTION ONE: FACTS ABOUT YOU				
1	What is your date of birth?	(mmyyyy) 95 = Refused 98 = No Response/Invalid Data	BirthDateMonthYear	Existing (new response option) * Refused option available for surveys administered 4/1/22 and later
2	Are you Hispanic, Latino/a, or Latinx?	1 = Yes 0 = No 95 = Refused 98 = No Response/Invalid Data	HispanicLatinSpanishOrigins	Existing (reworded + new response options) * Previous wording: "Are you of Hispanic, Latino/a, or Spanish Origin" * Refused option available for surveys administered 4/1/22 and later
2a	What ethnic group do you consider yourself? (one or more categories may be selected)			New
2a1	Central American selected?	1 = Yes 0 = No	E_CENTRALAM_N	New
2a2	Cuban selected?	1 = Yes 0 = No	E_CUBAN_N	New
2a3	Dominican selected?	1 = Yes 0 = No	E_DOMINICAN_N	New
2a4	Mexican selected?	1 = Yes 0 = No	E_MEXICAN_N	New
2a5	Puerto Rican selected?	1 = Yes 0 = No	E_PUERTOR_N	New
2a6	South American selected?	1 = Yes 0 = No	E_SOUTHAM_N	New

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
2a7	Other selected?	1 = Yes 0 = No	E_OTHER_N	New
N/A	Ethnicity Other, Specify	(Text response, up to 250 characters)	E_OTHER_SPECIFY_N	New
2a8	Ethnic Group Refused	1 = Yes 0 = No	E_REFUSED_N	New
2a9	No Response/Invalid Data	1 = Responses 2a1 to 2a8 were all 0, blank, or invalid 0 = At least one of responses 2a1 to 2a8 equals 1	E_INVALID_N	New (Calculated field)
3	What is your race? [ONE OR MORE CATEGORIES MAY BE SELECTED]			
3a	Black or African American selected?	1 = Yes 0 = No	R_BLACK_N	Existing, reordered with 3b
3b	White selected?	1 = Yes 0 = No	R_WHITE_N	Existing, reordered with 3a
3c	American Indian or Alaska Native selected?	1 = Yes 0 = No	R_AMERINALSK_N	No Change
3d	Asian selected?	1 = Yes 0 = No	R_ASIAN_N	Retired
3d	Asian Indian selected?	1 = Yes 0 = No	R_ASIANIND_N	New
3e	Chinese selected?	1 = Yes 0 = No	R_CHINESE_N	New
3f	Filipino selected?	1 = Yes 0 = No	R_FILIPINO_N	New
3g	Japanese selected?	1 = Yes 0 = No	R_JAPANESE_N	New
3h	Korean selected?	1 = Yes 0 = No	R_KOREAN_N	New
3i	Vietnamese selected?	1 = Yes 0 = No	R_VIETNAMESE_N	New
3j	Other Asian selected?	1 = Yes 0 = No	R_OTHERASIAN_N	New
3k	Native Hawaiian selected?	1 = Yes 0 = No	R_HAWAIIAN_N	New

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
3l	Guamanian or Chamorro selected?	1 = Yes 0 = No	R_GUANCHAM_N	New
3m	Samoan selected?	1 = Yes 0 = No	R_SAMOAN_N	New
3n	Other Pacific Islander?	1 = Yes 0 = No	R_OTHPACISD_N	New
3n	Native Hawaiian or Other Pacific Islander selected?	1 = Yes 0 = No	R_NATIVEPAC_N	Retired
3o	Race Refused	1 = Yes 0 = No	R_REFUSED_N	New
3p	No Response/Invalid Data	1 = Responses 3a to 3o were all 0, blank, or invalid 0 = At least one of responses 3a to 3o equals 1	R_INVALID_N	No Change
4	What is your gender?	1 = Male 2 = Female 5 = Transgender 6 = I do not identify as male, female, or transgender 7 = Other (Specify) 95 = Refused 98 = No Response/Invalid Data	GENDER	Existing (reworded + new response options) * Previous wording: "How do you describe yourself?" * Added options 7 and 95 * Removed option 6
N/A	Gender Other, Specify	(Text response, up to 250 characters)	G_OTHER_SPECIFY	New
4a	Do you consider yourself to be?	1 = Transgender, male to female 2 = Transgender, female to male 3 = Transgender, gender nonconforming 98 = No Response/Invalid Data	TRANSGENDER	New

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
5	What is your sexual orientation?	1 = Straight/Heterosexual 2 = Bisexual 3 = Gay/Lesbian 7 = Queer, Pansexual and/or Questioning 5 = Prefer Not to Say 6 = Something else/other 95 = Refused 98 = No Response/Invalid Data	SEX_PR	Existing (reworded + new response options) * Previous wording: "Which one of the following do you consider yourself to be?" * Added response options: – "Queer, Pansexual, and/or Questioning" – "Something else? Please specify?" (replaces current option of "Other") – Refused (replaces current option "Prefer not to say")
N/A	Sexual Orientation Other, Specify	(Text response, up to 250 characters)	SEX_PR_OTHER_SPECIFY	New
6	Describe where you live.	1 = In my own home or apartment 2 = In a relative's home 3 = In a group home 4 = In campus/dormitory housing 5 = In a foster home 6 = Homeless or in a shelter 7 = Other 98 = No Response/Invalid Data	HOMETYPE_N	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
7	Are you currently attending college?	1 = Yes 0 = No 98 = No Response/Invalid Data	COLLEGE	No Change
8	Have you ever served in the Armed Forces, the Reserves, or the National Guard?	1 = Yes 0 = No 98 = No Response/Invalid Data	ArmedForcesReservesOrNationalGuard	No Change
9	In the past 30 days, how many times have you been arrested?	(integer, range 0–30) 95 = Refused 97 = Don't Know 98 = No Response/Invalid Data	NumberOfTimesArrestedValue	No Change
10	Are you on parole or probation?	1 = Yes 0 = No 98 = No Response/Invalid Data	ParoleOrProbation	No Change
11	Have you ever been informed of your HIV status (that is, whether or not you are HIV-positive) based on the result of an HIV test?	1 = Yes 0 = No 98 = No Response/Invalid Data	HIV_RESULTS_N	No Change
12	Have you ever been informed of your viral hepatitis (VH) status (that is, whether or not you are infected with a hepatitis virus) based on the result of a VH test?	1 = Yes 0 = No 98 = No Response/Invalid Data	ViralHepatitisStatus	No Change
13	Would you know <i>where</i> to go near where you live to see a health care professional regarding a drug or alcohol problem?	1 = Yes 0 = No 98 = No Response/Invalid Data	KNOW_SA	No Change
14	Would you know <i>where</i> to go near where you live to see a health care professional regarding HIV/AIDS or other sexually transmitted health issues?	1 = Yes 0 = No 98 = No Response/Invalid Data	KNOW_HIV	No Change
15	Think about the household members who live with you right now. About how much income have you and your family members made in the last year before taxes? (Include child support and cash payments from the government, for example, welfare [TANF], SSI, or unemployment compensation.)	1 = \$0–\$10,000 2 = \$10,001–\$30,000 3 = \$30,001–\$50,000 4 = \$50,001–\$70,000 5 = More than \$70,000 98 = No Response/Invalid Data	HINCOME_O_N	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
SECTION TWO: ATTITUDES & KNOWLEDGE				
Substance Use and Sexual Behavior				
16	What level of risk do you think people have of harming themselves physically or in other ways when they use <u>tobacco</u> once or twice a week? <i>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.</i>	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RiskOfHarmWhenUsingTobaccoOnceOrTwice Week	No Change
17	What level of risk do you think people have of harming themselves physically or in other ways when they binge drink <u>alcoholic beverages</u> once or twice a week? <i>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.</i>	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RSKALC	No Change
18	What level of risk do you think people have of harming themselves physically or in other ways when they use <u>marijuana or hashish</u> once or twice a week? <i>Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.</i>	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RSKMJ	No Change
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?	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RSKNDL_SHR	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
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 drugs</u> once or twice a week? <i>By non-prescription opioid drugs, we mean the illegal drug heroin and illicitly made synthetic opioids, such as fentanyl.</i>	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RiskOfHarmWhenUsingNonPrescriptionOpioid DrugsOnceOrTwiceWeek	No Change
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 order once or twice a week? <i>By prescription opioid drugs, we mean pain relievers such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, tapentadol.</i>	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RiskOfHarmWhenUsingPrescriptionOpioidDrug sOnceOrTwiceWeek	No Change
22	What level of risk do you think people have of harming themselves if they have sex (oral, vaginal, or anal) without a condom or dental dam?	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RSKANYSEX_UNP	No Change
23	What level of risk do you think people have of harming themselves if they have sex while high on drugs or under the influence of alcohol?	1 = No Risk 2 = Slight Risk 3 = Moderate Risk 4 = Great Risk 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	RSKSEX_ALCDRG	No Change
24	I could refuse if someone wanted to have sex without a condom or a dental dam.	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree 98 = No Response/Invalid Data	CNTRL_REFUSECNDM	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
SECTION THREE: BEHAVIOR				
Tobacco, Alcohol, and Drugs				
25	Over the past 30 days, how many days, if any, did you smoke cigarettes ?	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	CIG30D	Retired
25	Over the past 30 days, how many days, if any, did you use tobacco ? (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.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	ANYTOB30D	New
26	Over the past 30 days, how many days, if any, did you use other tobacco products ? (By other tobacco products, we mean pipe tobacco, snuff, chewing tobacco, dipping tobacco, snus, and others.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	TOB30D	Retired
26	Over the past 30 days, how many days, if any, did you use electronic vapor products ? (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))	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	VAP30D	Existing (reworded question) Removed brand name examples (e.g., JUUL, NJOY, Blu, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo).
27	During the past 30 days, on how many days did you drink alcohol ? (any use at all) (By alcohol, we mean beer, wine, wine coolers, malt beverages, or hard liquor.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	ALC30D	No Change
28	During the past 30 days, on how many days did you binge drink ? (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.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	BINGE530D	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
29	During the past 30 days, on how many days did you use marijuana or hashish ? <i>(Marijuana is sometimes called cannabis, weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.)</i>	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	MJ30D	No Change
30	During the past 30 days, on how many days did you use prescription opioid drugs without orders given to you by your doctor? <i>(By prescription opioid drugs, we mean pain relievers such as oxycodone OxyContin®), hydrocodone [Vicodin®], codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, tapentadol.)</i>	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	DaysUsedPrescriptionOpioidDrugsNumber	No Change
31	During the past 30 days, on how many days did you use other prescription drugs without orders given to you by your doctor? <i>Please exclude prescription opioid drugs.</i>	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	DaysUsedOtherPrescriptionDrugsNumber	No Change
32	During the past 30 days, on how many days did you use non-prescription opioid drugs ? <i>(By non-prescription opioid drugs, we mean the illegal drug heroin and illicitly made synthetic opioids such as fentanyl.)</i>	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	DaysUsedNonPrescriptionOpioidDrugsNumber	No Change
33	During the past 30 days, on how many days did you use any other illegal drug ? Please exclude marijuana/hashish and nonprescription opioid drugs. <i>(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].)</i>	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	ILL30D	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
34	During the past 30 days, on how many days did you inject any drugs ? (Count only injections without orders from your doctor, that is, those you had just to feel good or to get high.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	INJECT30D	No Change
35	During the past 30 days, on how many days did you share injection equipment ? (By injection equipment, we mean needle and drug paraphernalia.)	(integer, range 0–30) 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	DaysShareInjectionEquipmentNumber	No Change
Sexual Behavior				
36	During the past 30 days , how many sexual partners have you had? (A sexual partner is someone with whom you have sex, that is, engage in sexual activity.)	0 = None 1 = 1 person 2 = 2 people 3 = 3 people 4 = 4 people 5 = 5 people 6 = 6 people 7 = 7 people 8 = 8 people 9 = 9 people 10 = 10 or more people 98 = No Response/Invalid Data	HowManySexualPartnersInPast30Days	No Change
37	During the past 30 days, have you had unprotected sex with . . .			No Change
37a	A male	1 = Yes 0 = No 98 = No Response/Invalid Data	HaveYouHadWithAMale	No Change
37b	A female	1 = Yes 0 = No 98 = No Response/Invalid Data	HaveYouHadWithAFemale	No Change
37c	A transgender individual	1 = Yes 0 = No 98 = No Response/Invalid Data	HaveYouHadWithATransgender	No Change
37d	A significant other in a monogamous relationship	1 = Yes 0 = No 98 = No Response/Invalid Data	HaveYouHadWithAMonogamousSignificantOther	No Change

Item#	Question/Variable	Response Choice/ Numeric Code	Variable Name	Variable Status
37e	Multiple partners	1 = Yes 0 = No 98 = No Response/Invalid Data	HaveYouHadWithMultiplePartners	No Change
37f	An HIV-positive person	1 = Yes 0 = No 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	HaveYouHadWithHivPositivePerson	No Change
37g	A hepatitis-positive person	1 = Yes 0 = No 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	HaveYouHadWithHepatitisPositivePerson	No Change
37h	A person who injects drugs	1 = Yes 0 = No 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	HaveYouHadWithPersonWhoInjectsDrugs	No Change
37i	A man who has sex with men	1 = Yes 0 = No 97 = Don't Know/Can't Say 98 = No Response/Invalid Data	HaveYouHadWithManWhoHasSexWithMen	No Change
38	Have you ever had sex (vaginal, anal, or oral) with someone in exchange for money, drugs, or shelter?	0 = No, never had sex in exchange for money, drugs, or shelter 1 = Yes, within the past 3 months 2 = Yes, more than 3 months ago 98 = No Response/Invalid Data	HadSexForResources	No Change
39	In the past 3 months , how often has anyone with whom you had an intimate relationship (sexual or not) abused you emotionally, physically, or sexually?	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often 98 = No Response/Invalid Data	ANYABUSE_3M	No Change