

# BCC3 Participant Type

Please complete the survey below.

Thank you!

- 
- 1) Participant  HIV+  
 Control  
 Control, exposed but uninfected
- 
- 2) Visit date \_\_\_\_\_
- 
- 3) BCC3 Participant ID  
  
(eg BCC3-001, 002 etc for HIV+; BCC3-501, 502 etc for controls)
- 
- 4) Have you participated in the CARMA or CHIWOS studies before? If yes, which one (or both)?  
Select all that apply.
- CARMA  
 CHIWOS  
 Neither  
 Don't know  
 Prefer not to answer

# BCC3 Demographics - Clinical

Please complete the survey below.

Thank you!

**The questions in this survey have been peer-reviewed by women living with HIV and women not living with HIV who have experienced all aspects of this survey. Together, we have tried to make the questions as safe as possible. Your answers are very valuable for improving the health, aging, and wellbeing of women.**

**Let's begin! This first section includes questions on gender, sexual orientation, income, education, housing, and other social factors that may influence overall health and well-being. Let's begin.**

What was your biological sex at birth?  
Select one

- Female  
 Male  
 Intersex\*  
 Undetermined  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

\*Intersex people are individuals born with any of several variations in sex characteristics including chromosomes, testicles/ovaries, sex hormones or genitals that, according to the UN Office of the High Commissioner for Human Rights, "do not fit the typical definitions for male or female bodies"

Please specify "Other"

\_\_\_\_\_

With respect to your gender, how do you currently identify?  
Select all that apply

- Woman (cis-gender)  
 Man  
 Transgender Man, Female to Male  
 Transgender Woman, Male to Female  
 Two-spirit  
 Intersex\*  
 Gender Queer  
 Non-binary  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

\*Intersex people are individuals born with any of several variations in sex characteristics including chromosomes, testicles/ovaries, sex hormones or genitals that, according to the UN Office of the High Commissioner for Human Rights, "do not fit the typical definitions for male or female bodies"

Please specify "other"

\_\_\_\_\_

With respect to your sexual orientation, how do you currently identify?  
Select all that apply

- Heterosexual / Straight  
 Lesbian  
 Gay  
 Queer  
 Bisexual  
 Two-spirited  
 Questioning  
 Asexual\*  
 Pansexual\*  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

\* Asexuality is the lack of sexual attraction to others, or low or absent interest in or desire for sexual activity. \* Pansexuality, also called omnisexuality, is the sexual, romantic or emotional attraction towards people regardless of their sex or gender identity. Pansexual people may refer to themselves as gender-blind, asserting that gender and sex are not determining factors in their romantic or sexual attraction to others.

Please specify "Other"

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What is your date of birth? (dd-mm-yyyy)

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Were you born in Canada?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

In what country were you born?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

In what year did you first come to Canada to live?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

What is your current legal status in Canada?  
Select one

Undocumented/Non-Status/Immigrant\*: undocumented: includes people who are living in any country without legal documentation; non-status: includes people who have been waiting for years in the refugee claim process through no fault of their own; those who were unjustly denied refugee status based on arbitrary policies such as designated safe country lists; migrant workers who are fired after a workplace injury or forced to leave the country after a certain time limit or other similarly inhumane rules; those who have fallen through the cracks of an unfair immigration and refugee system; as well as those who have remained undocumented for many years.

- Canadian citizen  
 Landed Immigrant/Permanent Resident  
 Refugee/Protected Person\*  
 Refugee claimant/Person in need of protection\*  
 Here with Temporary Work Papers\*  
 Here with Humanitarian and Compassionate approval  
 Here as a visitor  
 Here on a Student Visa  
 Undocumented/Non-Status/Immigrant\*  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify "Other"

---

What is your current legal relationship status?  
Select one

"Common-law" means you are living with a person who you are not legally married to, but with whom you are in a relationship with, and to whom at least one of the following situations applies:

They have been living with you in a spouse-like relationship for at least 12 continuous months. They are the parent of your child by birth or adoption. They have custody and control of your child (or had custody and control immediately before the child turned 19 years of age) and your child is wholly dependent on that person for support.

- Legally married  
 Common-law  
 In a relationship, living together (but not legally married or common-law)\*  
 In a relationship, not living together  
 Single  
 Separated / Divorced  
 Widowed  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify "Other"

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What do you consider to be your racial and/or ethnic background?  
Select all that apply

- Indigenous person living in Canada (e.g., First Nations, Métis, and Inuit)
  - Indigenous Person from a country outside of Canada
  - Black African (e.g., Nigerian, Somali)
  - Black Caribbean (e.g., Haitian)
  - Black Other (e.g., Black Canadian)
  - White
  - Chinese or Taiwanese
  - Filipino
  - Japanese
  - Korean
  - Latin American (e.g., Chilean, Costa Rican, Mexican)
  - South Asian (e.g., Indian, Bangladeshi, Pakistani, Punjabi, and Sri Lankan)
  - Southeast Asian (e.g., Cambodian, Laotian, Malaysian, Vietnamese)
  - Arab (e.g., Egyptian, Kuwaiti, and Libyan)
  - West Asian (e.g. Iraqi, Israeli, Lebanese, Afghani, Iranian)
  - Central Asian (e.g., Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan)
  - Multiple races / Multiracial / "Mixed"
  - Other, please specify: \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- 

Please specify "Other"

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What is the highest level of formal education you have completed?  
Select one

- No formal education
  - Some Elementary / Grade school
  - Completed Elementary / Grade school
  - Some High school / Secondary / GED
  - Completed High school / Secondary / GED
  - Some Trade or Technical training
  - Completed Trade or Technical training
  - Some CEGEP / College / University
  - Completed CEGEP / College / University
  - Other please specify \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- 

Please specify "other"

---

Are you currently employed?

Employment includes any work at a job that is paid work, and includes people who have a job but are not at work due to maternity leave or illness.

Select all that apply

- Yes, I have a paid job, where income tax is deducted
- Yes, I have a paid job, but no income taxes are deducted
- Yes, I am self-employed
- No, I am not currently employed
- I am a student
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify "other"

In the last year, have you received social assistance from welfare or disability?

- Yes  
 No  
 Don't know  
 Prefer not to answer

In British Columbia, welfare is known as BC Employment and Assistance (BCEA).

Select one

Considering all income sources (i.e. Pension (including federal CPPD, Private LTD, or other sources), Sex work, Selling drugs / drugs paraphernalia, Pan-handling/ 'squeegeeing' / recycling, Personal Savings, Loan(s) / Student Loan(s), Parent / friend / relative / partner income, Honoraria (workshops, trainings), Money from First Nations Band) how much does YOUR HOUSEHOLD make in a year, before taxes (i.e. household gross yearly income)?

- Less than \$10,000  
 \$10,000 to \$19,999  
 \$20,000 to \$29,999  
 \$30,000 to \$39,999  
 \$40,000 to \$49,999  
 \$50,000 to \$59,999  
 \$60,000 to \$69,999  
 \$70,000 to \$79,999  
 \$80,000 to \$99,999  
 \$100,000 or more  
 Don't know  
 Prefer not to answer

Select one

Considering all income sources (i.e. Pension (including federal CPPD, Private LTD, or other sources), Sex work, Selling drugs / drugs paraphernalia, Pan-handling/ 'squeegeeing' / recycling, Personal Savings, Loan(s) / Student Loan(s), Parent / friend / relative / partner income, Honoraria (workshops, trainings), Money from First Nations Band) how much do YOU make in a year, before taxes (i.e. personal gross yearly income)?

- Less than \$10,000  
 \$10,000 to \$19,999  
 \$20,000 to \$29,999  
 \$30,000 to \$39,999  
 \$40,000 to \$49,999  
 \$50,000 to \$59,999  
 \$60,000 to \$69,999  
 \$70,000 to \$79,999  
 \$80,000 to \$99,999  
 \$100,000 or more  
 Don't know  
 Prefer not to answer

Select one

Given your total household income, how difficult is it to meet your monthly housing costs (including rent, mortgage, property taxes, heat, electricity, water and/or gas)?

Would you say that it is...

Select one

- Not at all difficult  
 A little difficult  
 Fairly difficult  
 Very difficult  
 Not applicable - Do not have monthly housing costs (homeless, shelter, couch surfing)  
 Don't know  
 Prefer not to answer

What are the first 3 digits of the postal code for the place where you are currently living or regularly sleep?

(Enter x0x if "Don't know" or "Prefer not to answer")

Can you indicate the city and a major intersection near where you regularly sleep?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

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Have you ever experienced homelessness?  
Select one

Yes  
 No  
 Don't know  
 Prefer not to answer

---

Have you been homeless in the last 6 months?

Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you get income support/subsidy to help pay for your housing?  
Select one

Yes  
 No  
 Don't know  
 Prefer not to answer

---

How safe do you feel in the place where you are currently living or regularly sleep?  
Select one

Extremely safe  
 Somewhat safe  
 Less than safe  
 Not safe at all  
 Don't know  
 Prefer not to answer

---

How much do you agree or disagree with the statement:  
My current housing situation is stable.  
Select one

Strongly agree  
 Somewhat agree  
 Neither agree or disagree  
 Somewhat disagree  
 Strongly disagree  
 Don't know  
 Prefer not to answer

---

If you know your biological family, do you know your.....

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Biological Mother's Date of Birth

(dd-mm-yyyy)

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What is your biological mother's age today, or how old would your biological mother be today?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

If you know your biological family, do you know your.....

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Biological Father's Date of Birth

(dd-mm-yyyy)

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What is your biological father's age today, or how old would your biological father be today?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

**The following questions are for participants who selected "Indigenous person living in Canada" (either alone, or as a combination). If you do not wish to answer any questions, you can select "prefer not to answer".**

Do you identify as:  
Select one

- First Nations (Status)\*
- First Nations (Non-status)\*
- Métis
- Inuit
- None of the above - I am not an Indigenous person living in Canada
- Don't know
- Prefer not to answer

Are you eligible for health services through the Non-Insured Health Benefits Program\* provided to status First Nations people through Health Canada (i.e., a Status card)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Many people move to and from Indigenous communities (i.e., First Nations Reserve or Métis and Inuit community). Which of the following statements applies best to your situation?  
Select one.

- I have moved both inside and outside of an Indigenous community
- I have moved away from an Indigenous community
- I have moved into an Indigenous community
- I have only lived inside an Indigenous community
- I have only lived outside an Indigenous community
- Don't know
- Prefer not to answer

What were the reasons you moved away from the Indigenous community?  
Select all that apply

- Family
- Employment /Job opportunities
- Education
- Relationship
- Housing
- Employment of spouse/partner
- Marital/relationship/domestic problems
- Violence (physical, sexual, and/or emotional)
- Support for disability
- Medical needs
- Social supports / services
- HIV diagnosis
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify "other"

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What were the reasons you moved into the Indigenous community?  
Select all that apply.

- Connection to community/home
- Exposure of children to culture
- Family
- Employment /Job opportunities
- Education
- Relationship
- Housing
- Employment of spouse/partner
- Marital/relationship/domestic problems
- Violence (physical, sexual, and/or emotional)
- Support for disability
- Medical needs
- Social supports / services
- HIV diagnosis
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify "other"

---

The following questions ask whether you or anyone in your family attended residential schools. If you prefer, you have the option to skip any question or this entire section. How would you like to continue?  
Select one

- Proceed with the first question
- Skip this section altogether

Did you attend residential school?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

How old were you when you first started attending residential school?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Indicate age in years:

How old were you when you left residential school?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Indicate age in years:

### Did anybody else in your family attend a residential school?

Select one per row.

	Yes	No	Don't know	Prefer not to answer	N/A
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Paternal grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions are in regards to early life experiences that include adoption, children protection services, and foster care. I can guide you through these questions or you can complete them on your own. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".**

Were you adopted?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever been under the care of Child Protection Services?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever been in foster care?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

# BCC3 Vaccinations and Viruses

Please complete the survey below.

Thank you!

## This next section asks about certain vaccinations and viruses that are of interest to this study.

Have you ever received the HPV\* (human papilloma virus) vaccine?

- Yes
- No
- Don't know
- Prefer not to answer

\*HPV - the human papilloma virus, a sexually transmitted virus that causes cervical cancer

Select one

If yes, when?  
Select one

- Infant (birth to 2 years of age)
- Child (2 to 12 years of age)
- Adolescent (12 to 21 years of age)
- Adult (21+)
- Don't know
- Prefer not to answer

Have you ever had Chicken Pox (includes natural infection or receiving the vaccine)?

- Yes
- No
- Don't know
- Prefer not to answer

Was it from natural infection (chicken pox) or did you receive the vaccine?

- Natural infection (chicken pox)
- Vaccine
- Don't know
- Prefer not to answer

If yes, when did you have Chicken Pox (includes natural infection or receiving the vaccine)?  
Select one

- Infant (birth to 2 years of age)
- Child (2 to 12 years of age)
- Adolescent (12 to 21 years of age)
- Adult (21+)
- Don't know
- Prefer not to answer

Have you ever had Shingles (natural infection or the vaccine)?

- Yes
- No
- Don't know
- Prefer not to answer

Was it from a natural infection (shingles) or a vaccine?

- Natural infection (shingles)
- Vaccine
- Don't know
- Prefer not to answer

If yes, when did you have Shingles (includes natural infection or receiving the vaccine)?

- Infant (birth to 2 years of age)
- Child (2 to 12 years of age)
- Adolescent (12 to 21 years of age)
- Adult (21+)
- Don't know
- Prefer not to answer

---

Have you ever had Hepatitis B (includes natural infection or receiving the vaccine)?

- Yes
- No
- Don't know
- Prefer not to answer

---

Was it from natural infection or did you receive the Hepatitis B vaccine?

- Natural Infection
- Vaccine
- Don't know
- Prefer not to answer

---

If yes, when did you get the Hepatitis B vaccine or natural infection?

- Infant (birth to 2 years of age)
- Child (2 to 12 years of age)
- Adolescent (12 to 21 years of age)
- Adult (21+)
- Don't know
- Prefer not to answer

# BCC3 Non-HIV Medications

Please complete the survey below.

Thank you!

**Now we will be asking questions about your current medications.**

**For participants living with HIV, these are non-HIV medications only.**

**Please include all CURRENT prescribed (Rx) medications with attention to antibiotics, insulin, hormonal contraception, puffers, steroids, and seizure medications.**

Are you currently taking opiates\*?

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*Prescription opiates are used mostly to treat moderate to severe pain.

If yes, are you prescribed your opiates?

- Yes  
 No  
 Don't know  
 Prefer not to answer

If yes, what is your opiate dosage?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Do you currently take any of the following vitamins or supplements regularly?  
Select all that apply

- NONE  
 Vitamin B12 daily  
 Iron/ferritin daily  
 Calcium daily  
 Vitamin D daily  
 Multi vitamins daily to weekly  
 Other, please specify:

Please specify "other"

\_\_\_\_\_

Have you taken any medications in the past 3 months?  
(non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer

Includes antibiotics, insulin, heart medications, diuretics, antidepressants, hormonal contraception, steroids, seizure medications, smoking cessation methods, pain medications, puffers for asthma or COPD, etc.

What have you been taking?

\_\_\_\_\_

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

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Are you still taking [nhivmeds] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds] ?

---

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

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What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

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---

Are you still taking [nhivmeds\_2] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_2] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

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What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

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Please specify 'Other / Multiple conditions'

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---

Are you still taking [nhivmeds\_3] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds\_3] ?

---

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
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- Fractures
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- Diabetes
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- Diverticulitis
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- Bipolar disorder
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- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_4] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_4] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping/ Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_5] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds\_5] ?

---

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_6] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_6] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---



What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_7] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

When did you stop [nhivmeds\_7] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_8] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_8] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_9] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds\_9] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_10] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_10] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---



What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_11] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds\_11] ?

---

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_12] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_12] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_13] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_13] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

What have you been taking?

---

What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_14] ?

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

When did you stop [nhivmeds\_14] ?

---

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

What have you been taking?

---



What health condition are you taking this medication for?

- Hepatitis C (Hep C)
- Asthma
- Emphysema/COPD
- Hypothyroidism (under-active thyroid)
- Hyperthyroidism (overactive thyroid)
- Adrenal insufficiency (not enough cortisol)
- Cushing's disease (too much cortisol)
- Premature ovarian failure (< 40) / early menopause (< 45)
- Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
- Polycystic ovary syndrome (PCOS)
- Stroke
- Myocardial infarction / Heart attack
- Cardiac arrhythmia / Atrial fibrillation
- Heart failure
- Peripheral vascular disease
- Glaucoma
- Cataracts
- Osteoporosis / Osteopenia / Decreased bone density
- Osteoarthritis
- Rheumatoid arthritis
- Fractures
- Insulin resistance / Pre-diabetes / Borderline diabetes
- Diabetes
- Deep vein thrombosis (DVT)\* / Pulmonary embolism (PE)
- High cholesterol
- High blood pressure / Hypertension
- Liver disease (i.e. fatty liver)
- Liver cirrhosis
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Renal problem / Kidney problem
- Neuropathy
- Vitamin B12 deficiency
- Peptic ulcer disease / Gastroesophageal reflux disease (GERD) / Reflux
- Seizures
- Fibromyalgia
- Metabolic syndrome
- Cancer
- ADHD
- Anxiety
- Alcohol addiction / Alcohol use disorder
- Anorexia nervosa or Bulimia nervosa
- Bipolar disorder
- Personality disorder
- Dementia
- Depression
- Drug addiction / Substance use disorder
- Obsessive-compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Schizophrenia
- Herpes (HSV)
- Sleep problems / difficulty sleeping / Insomnia
- Smoking cessation
- Pain / chronic pain
- Iron deficiency
- Migraines
- Contraception
- Menstrual cramps
- Other / Multiple conditions
- Don't know
- Prefer not to answer

---

Please specify 'Other / Multiple conditions'

---

---

Are you still taking [nhivmeds\_15] ?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

When did you stop [nhivmeds\_15] ?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

---

Have you taken any other medications in the past 3 months? (non-HIV medications only)

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

---

Please write down any other non HIV medications the participant is taking or has taken in the last 3 months.

---

---

Have you taken any 'as needed' medication in the past 3 months? If so, for what reasons do you take them?

i.e. taking ibuprofen for menstrual cramps or headaches.

- Pain (ibuprofen/Advil, acetaminophen/Tylenol, etc)
  - Allergies (Benadryl, Claritin, Aleve, etc)
  - Sleep (melatonin or other sleep aids)
  - Other
- 

---

Please Specify 'Other'

---

# BCC3 Medical and HIV

Please complete the survey below.

Thank you!

---

Have you ever been tested for HIV?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

This section covers medical information as it pertains to your general health and well-being such as other conditions you may be living with, as well as HIV-related health and well-being such as your potential use of HIV antiretroviral therapy medications (i.e., ARVs) and your viral load and CD4 count.

---

When were you diagnosed with HIV?

dd-mm-yyy

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Indicate month and year if possible, otherwise year only.

---

When were you diagnosed with HIV?

- Don't know  
 Prefer not to answer

---

When did you receive your lowest (nadir) CD4 count results?

dd-mm-yyyy

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Indicate month and year if possible, otherwise year only.

---

When did you receive your lowest (nadir) CD4 count results?

- Don't know  
 Prefer not to answer

---

What was your lowest (nadir) CD4 count?  
Indicate count: \_\_\_\_\_ cells/mm<sup>3</sup>

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Are you able to estimate your lowest (nadir) CD4 count?  
Select one.

- < 200 cells/mm<sup>3</sup>  
 200-500 cells/mm<sup>3</sup>  
 >500 cells/mm<sup>3</sup>  
 Unable to estimate  
 Prefer not to answer

---

When did you last receive your CD4 count results?

dd-mm-yyyy

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

Indicate month and year if possible, otherwise year only.

---

When did you last receive your CD4 count results?

- Don't know  
 Prefer not to answer

---

What was your most recent CD4 count?

Indicate count: \_\_\_\_\_ cells/mm3

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Are you able to estimate your most recent CD4 count?  
Select one.

- < 200 cells/mm3
- 200-500 cells/mm3
- >500 cells/mm3
- Unable to estimate
- Prefer not to answer

---

Have you ever had a viral load (VL) over 100,000 copies/mL?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

When did you last receive your HIV viral load results?

dd-mm-yyyy

Indicate month and year if possible, otherwise year only.

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

When did you last receive your HIV viral load results?

- Don't know
- Prefer not to answer

---

What was your most recent viral load, undetectable or detectable?  
Select one

- Undetectable (i.e. below 40 copies/mL)
- Detectable (i.e. over 40 copies/mL)
- Don't know
- Prefer not to answer

---

Do you remember the exact result? If so, what was it?  
Indicate count: \_\_\_\_\_ cells/mm3

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Do you remember the exact result? If so, what was it?

- Don't know
- Prefer not to answer

---

Are you currently taking ARVs?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

What ARV side effects did you experience IN THE PAST, whether diagnosed by a healthcare provider or not? Select all that apply

- NONE
- Body weight, body shape changes (e.g Lipodystrophy, lipoatrophy, lipohypertrophy)
- Diarrhea, gas and bloating
- Emotional and mental problems (foggy thinking, memory loss, nightmares)
- Fatigue (not made better by resting)
- Stomach aches or pain
- Headaches
- Menstrual changes (unexpected changes in the cycle)
- Mouth and throat problems (tingling, inflammation, blisters)
- Muscles aches and pain
- Nausea, vomiting, appetite loss
- Nerve pain and numbness
- Rash, skin, hair, nail problems
- Sexual difficulties (libido or sex drive, sexual functioning)
- Sleep problems - insomnia (falling asleep, staying asleep)
- Gall stones
- Kidney stones
- Other (please specify) \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

What ARV side effects do you CURRENTLY experience, whether diagnosed by a healthcare provider or not? Select all that apply

- NONE
- Body weight, body shape changes (e.g Lipodystrophy, lipoatrophy, lipohypertrophy)
- Diarrhea, gas and bloating
- Emotional and mental problems (foggy thinking, memory loss, nightmares)
- Fatigue (not made better by resting)
- Stomach aches or pain
- Headaches
- Menstrual changes (unexpected changes in the cycle)
- Mouth and throat problems (tingling, inflammation, blisters)
- Muscles aches and pain
- Nausea, vomiting, appetite loss
- Nerve pain and numbness
- Rash, skin, hair, nail problems
- Sexual difficulties (libido or sex drive, sexual functioning)
- Sleep problems - insomnia (falling asleep, staying asleep)
- Gall stones
- Kidney stones
- Other (please specify) \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify "other"

\_\_\_\_\_

Which ARVs are you currently taking?  
A card containing pictures of each of these ARVs will be available.  
Select all that apply

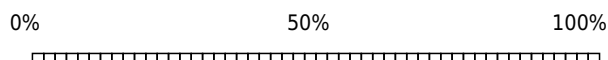
- 3TC (lamivudine)
- Atripla (FTC+Tenofovir+Sustiva)
- Biktarvy (Bictegravir, FTC, TAF)
- Celsentri (Maraviroc)
- Combivir (3TC + AZT)
- Complera (FTC+Tenofovir+Rilpivirine)
- Crixivan (indinavir) \*super rare
- Decovy (FTC + TAF)
- Dolutegravir
- Doravirine\*super rare
- Edurant (Rilpivirine, TMC-125)
- Fortovase (saquinavir) \*super rare
- Fostemsavir\*super rare
- FTC (emtricitabine)
- Fuzeon (enfuvirtide, T-20) \*super rare
- Genoya (elvitegravir, cobicistat, TAF, FTC)
- Intelence (etravirine)
- Isentress (Raltegravir)
- Kaletra (lopinavir + ritonavir)
- Kivexa (abacavir+ lamivudine)
- Norvir (ritonavir)
- Prezcobix (darunaiv, cobicistat)
- Prezista (darunavir)
- Retrovir (AZT, zidovudine)
- Reyataz (atazanavir)
- Stribild (elvitegravir, cobicistat, TAF, FTC)
- Sustiva (efavirenz)
- Trizivir (ABC + 3TC + AZT)
- Triumeq (dolutegravir, 3TC, abacavir)
- Truvada (FTC + tenofovir)
- Viramune (nevirapine)
- Viread (tenofovir)
- Ziagen (abacavir)
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify "other"

\_\_\_\_\_

We understand that many people on HIV medications find it difficult to take them regularly and often miss doses. It is common to miss some doses. Many of us have missed doses. We would like to know how many doses you have missed. Please indicate on the line beside the point showing your best guess about how much medication you have taken in the last month.

0% means you have taken no medication; 50% means you have taken half your medication; 100% means you have taken every single dose of medication



(Place a mark on the scale above)

Have you ever taken a double dose to make up for any missed doses of HIV medication, or if you forgot you had taken it already and took it again?

- Yes
- No
- Don't know
- Prefer not to answer

Please note: taking a double dose is not recommended by healthcare providers, we would just like to know how often people practice this.

---

Have you ever received pediatric HIV care?  
Select one

- Yes, but I now receive adult HIV care
- Yes, and I am still receiving pediatric HIV care
- No, I have never received pediatric HIV care
- Don't know
- Prefer not to answer

---

Did you acquire HIV through vertical transmission  
(this means that you acquired HIV from your mother  
during her pregnancy, labour or breastfeeding) ?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Have you ever discussed with a health care provider  
the impact of your viral load on the risk of  
transmitting HIV?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

How do you think taking ARVs\* changes your risk of  
transmitting HIV?

\*Antiretroviral medication

Select one

- Makes the risk of transmission a lot lower
- Makes the risk of transmission a little lower
- Makes little difference to the risk of transmission
- Makes the risk of transmission a little higher
- Makes the risk of transmission a lot higher
- Don't know
- Prefer not to answer

---

Have you heard of Undetectable equals Untransmittable?

Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

What does it mean to you?

---

---

Undetectable = Untransmittable (U=U) means that when a person living with HIV is taking antiretroviral therapy and has an undetectable viral load in their blood, they cannot transmit HIV to their drug or sex partners.

# BCC3 Medical History

Please complete the survey below.

Thank you!

**This section covers medical information as it pertains to your general health and well-being, including conditions you may be living with. We will go through a list of different health diagnoses, and then there will be a text box at the end to add anything that was not included. Please indicate any that you have been diagnosed with by a healthcare provider.**

Have you ever been told by a doctor or nurse that you have hepatitis C (Hep C)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you taken any medication for hepatitis C?

Medications include: Interferon, Intron, Peg-Intron, Virazole, Remeron, Rebetron, Ribavirin  
Select one

- Yes
- No
- No, but spontaneously cleared
- Don't know
- Prefer not to answer

Which medication for hepatitis C did you take?  
Select one

- Interferon
- Newer Agent
- Don't know
- Prefer not to answer

Were you cured?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you been told by a doctor or nurse that you have hepatitis B (Hep B)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever taken medication for hepatitis B?

Medications include: Interferon, Intron, Peg-Intron, Virazole, Remeron, Rebetron, Ribavirin  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor ever told you that you have asthma?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Do you take medication to treat this?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor ever told you that you have emphysema/COPD (is a long-term, progressive disease of the lungs that primarily causes shortness of breath due to over-inflation of the alveoli (air sacs in the lung)?

- Yes
- No
- Don't know
- Prefer not to answer



---

Do you take medication to treat this?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Has a doctor ever told you that you have hypothyroidism (underactive thyroid) ?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Do you take medication to treat this?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Has a doctor ever told you that you have hyperthyroidism (overactive thyroid)?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Do you take medication to treat this?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Has a doctor ever told you that you have adrenal insufficiency (not enough cortisol)?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Do you take medication to treat this?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Has a doctor ever told you that you have Cushing's disease (too much cortisol)?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Do you take medication to treat this?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Has a doctor ever told you that you have premature ovarian failure (< 40) / early menopause (< 45)?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Do you take medication to treat this?

Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Has a doctor ever told you that you have dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have polycystic ovary syndrome (PCOS)?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have had a stroke?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have coronary artery disease or have had myocardial infarction / heart attack?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have cardiac arrhythmia / atrial fibrillation / abnormal heart rhythm?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have heart failure?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have peripheral vascular disease\*?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\* when blocked / narrowed arteries reduce blood flow to your limbs.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have glaucoma\*?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*condition of increased pressure within the eyeball, causing gradual loss of sight.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have cataracts?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have osteoporosis / osteopenia / decreased bone density?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take vitamins for this?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have osteoarthritis?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have rheumatoid arthritis?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have had fractures?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

If yes, were any fractures a result of low bone density?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have insulin resistance / pre-diabetes / borderline diabetes?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have diabetes ?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Are you currently taking any medications (prescription or non prescription) for your diabetes ?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

What type of medication?  
Indicate :

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Has a doctor ever told you that you have deep vein thrombosis (DVT)\* / pulmonary embolism (PE)\*\* ?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*DVT is the formation or presence of a blood clot in a blood vessel deep in the body.

\*\* PE is a sudden blockage in a lung artery. It usually happens when a blood clot breaks loose and travels through the bloodstream to the lungs.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have high cholesterol?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have high blood pressure / hypertension?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have liver disease or fatty liver?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have liver cirrhosis?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have inflammatory bowel disease (IBD) ?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have diverticulitis\*?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*the infection or inflammation of pouches that can form in your intestines.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have a renal problem/ kidney problem/ kidney stones?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have neuropathy\*?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*damage, disease, or dysfunction of one or more nerves especially of the peripheral nervous system that is typically marked by burning or shooting pain, numbness, tingling, or muscle weakness or atrophy.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have vitamin B12 deficiency?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication/vitamins to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have peptic ulcer disease / gastroesophageal reflux disease (GERD) / acid reflux?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have seizures/  
epilepsy?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have  
fibromyalgia\*?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*chronic disorder characterized by widespread  
musculoskeletal pain, fatigue, and tenderness in  
localized areas.

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have metabolic  
syndrome?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have Herpes  
Simplex Virus I / HSV1 / Cold Sores?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?  
Select one

- Yes, I take medication to prevent an outbreak  
 Yes, I take medication to treat an outbreak  
 Yes, I use cream to treat  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have Herpes  
Simplex Virus II / HSV 2 / Genital Herpes?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?

Select one

- Yes, I take medication to prevent  
 Yes, I take medication to treat an outbreak  
 Yes, I use cream to treat  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have insomnia / difficulty sleeping?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medication to treat this?

Select one.

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have an iron deficiency?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medicaton/vitamins to treat this?

Select one.

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have migraines?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Do you take medicaton to treat this?

Select one.

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have precancer?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

What type(s) of precancer were you diagnosed with ?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED

- High Grade Cervical precancer (Cervical Intraepithelial Neoplasia or CIN 2 OR 3)  
 High Grade Vulvar or vaginal precancer (Vulvar or Vaginal Intraepithelial Neoplasia, VIN or VaIN 2 or 3)  
 High Grade Anal precancer (Anal Intraepithelial Neoplasia, AIN 2 or 3)  
 Other, please specify:  
 Don't know /no answer  
 Prefer not to answer

---

Please specify 'Other'

---



Have you ever undergone any precancer treatment (ie. colposcopy, LEEP)?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Has a doctor ever told you that you have cancer?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

What type(s) of cancer were you diagnosed with ?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED

- Ovarian  
 Endometrial (i.e. of the uterus)  
 Cervical  
 Vulvar  
 Oral or pharynx  
 Thyroid  
 Colon or Rectum  
 Anal  
 Lymphoma / leukemia  
 Bladder  
 Stomach or Small Bowel  
 Kidney  
 Liver  
 Lung  
 Breast  
 Skin (melanoma, basal, squamous cells)  
 Bone  
 Kaposi Sarcoma  
 Other, please specify:  
 Don't know /no answer  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

Have you ever undergone any cancer treatment?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Which cancer treatments have you undergone?  
Select all that apply

- Chemotherapy  
 Radiation  
 Surgery (cancer-related)  
 Other  
 Don't know  
 Prefer not to answer

Specify 'Other'

\_\_\_\_\_

What part of your body had radiation?

\_\_\_\_\_

What was the surgery?

\_\_\_\_\_

The next section will ask about certain health diagnoses that your biological family may have/have had. Do you know your biological family, such as your biological mother/father/siblings?

- Yes  
 No  
 Don't know  
 Prefer not to answer

**If you know your biological family, do you have a biological mother/father/siblings (i.e. brother or sister) with any of the following diagnoses?**

	Yes	No	Don't know	Prefer not to answer
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin resistance / pre-diabetes / borderline diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Myocardial infarction / heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metabolic syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothyroidism (underactive thyroid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperthyroidism (overactive thyroid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenal insufficiency (not enough cortisol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cushing's disease (too much cortisol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Premature ovarian failure (< 40) / early menopause (< 45)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polycystic ovary syndrome (PCOS) / Anovulatory androgen excess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you experience any of the following challenges?  
Select all that apply

- Partial deafness
- Complete deafness
- Partial blindness
- Complete blindness
- Physical difficulty to walk - requiring assistive device like cane or walker on regular basis
- Physical difficulty to walk - requiring wheel chair on regular basis
- Speech difficulty
- Physical difficulty moving one or both arms
- Other, please specify:
- None
- Don't know
- Prefer not to answer

Please specify "other"

---

The following questions are related to mental health / mind wellbeing. Please indicate whether a health care provider has diagnosed you with any of the following mental health diagnoses. Please remember that your responses are confidential and private. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

Has a doctor ever told you that you have ADHD  
(attention deficit hyperactivity disorder)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Do you take medication to treat this?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor ever told you that you have ADD  
(attention deficit disorder)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Do you take medication to treat this?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor ever told you that you have anxiety?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Do you take medication to treat this?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor ever told you that you have alcohol use disorder\*?

- Yes
- No
- Don't know
- Prefer not to answer

\*Also known as alcohol addiction  
Select one

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have anorexia nervosa or bulimia nervosa?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have bipolar disorder?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have personality disorder?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have dementia?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have depression?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

Has a doctor ever told you that you have a substance use disorder?

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*Also known as drug addiction

Select one

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have obsessive-compulsive disorder (OCD)?

- Yes  
 No  
 Don't know  
 Prefer not to answer

Select one

---

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have post traumatic stress disorder (PTSD)?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Has a doctor ever told you that you have schizophrenia?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Do you take medication to treat this?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

Have you ever been diagnosed with any other health concerns? Please list any diagnoses that were not listed previously and state whether you are taking any medications for it, and if so, please list what medication are you taking.

---

(Enter 9999 if none)

---

Which of the following applies to your current situation regarding hormones and/or surgery?  
Select one.

- I have fully medically/surgically transitioned
- I am in the process of medically/surgically transitioning
- I am planning to transition, but have not begun
- I am not planning to medically/surgically transition
- The concept of 'transitioning' does not apply to me
- I am not sure whether I am going to medically transition
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

---

Please specify other \_\_\_\_\_

---

Are you currently taking Trans-related hormones?  
Select one.

- Yes
- No
- Don't know
- Prefer not to answer

---

Have you informed your HIV doctor that you are currently taking hormones?  
Select one.

- Yes
- No
- Not applicable - don't have an HIV doctor
- Don't know
- Prefer not to answer

---

Has your HIV doctor discussed with you the possible drug interactions between hormones and HIV medications?  
Select one.

- Yes
- No
- Not applicable - don't have an HIV doctor
- Don't know
- Prefer not to answer

# BCC3 Reproductive Health

Please complete the survey below.

Thank you!

---

The following section asks about a wide variety of questions to help improve understanding of women's reproductive health and reproductive histories. Some topics may be applicable to you and others may not, depending on your age and/or menopausal status. We understand that some of these questions may feel personal or be difficult to answer. Please remember that your responses are completely confidential. Your experiences and responses are critical to help meet the project goals of better understanding the factors that affect women's reproductive health.

SKIP Reproduction Section if participant indicated trans-woman

---

How old were you when your first menstrual period (moon time) started?

Indicate age in years:

(Enter 8888 if "Have never had a menstrual period", 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

## The following question is part of a validated survey

---

When did you start your most recent menstrual period (moon time)?

Probe for best estimate.

Select one

- Within the last month
- More than 1 month ago, but within the last 3 months
- More than 3 months ago, but within the last 6 months
- More than 6 months ago, but within the last 9 months
- More than 9 months ago, but within the last year
- More than 1 year ago, but within the last 2 years
- More than 2 years ago, but less than 5 years
- More than 5 years ago, but less than 10 years
- More than 10 years ago
- Don't know
- Prefer not to answer

---

What was the date of your last period (first day of menstrual flow or bleeding)?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

What was the date of your LAST menstrual period?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

What was your age at your LAST menstrual period?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

Is your menstrual period regular?

- Yes
- No
- Don't know
- Prefer not to answer

---

How often do they occur (in days)?

- < 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- >36
- Too irregular to say
- Don't know
- Prefer not to answer

---

Which of the following describes your menstrual cycles lengths in the last six months as compared to the six months before that? Have they...  
Select one

- Stayed the same
- Become longer (periods farther apart)
- Become shorter (periods closer together)
- Too irregular to say (sometimes closer together and sometimes farther apart)
- Don't know
- Prefer not to answer

---

How would you describe your menstrual flow in the last six months? My menstrual bleeding has been or was:  
Select one

- Light
- Medium
- Heavy
- Very heavy
- Too irregular to say
- Don't know
- Prefer not to answer

---

How would you describe the heaviness of your flow in the last six months as compared to the six months before that? My menstrual flow has:

Select one

- Stayed the same
- Become lighter
- Become heavier
- Too irregular to say
- Not Applicable - no menstrual period in the six months prior
- Don't know
- Prefer not to answer

---

With this increase in heavy flow, do you experience flooding or clotting so that you must change your pad/tampon every 1-2 hours?

- Yes
- No
- Don't know
- Prefer not to answer

---

How long does your menstrual flow usually last? (in days)  
Select one

- Less than 4 days
- Between 4-7 days
- Greater than 7 days
- Too variable to say
- Don't know
- Prefer not to answer



---

Which of the following describes the duration of your menstrual flow (days of bleeding) in the last six months as compared to the six months before that? My menstrual flow has:  
Select one

- Stayed the same
- Become longer
- Become shorter
- Too irregular to say
- Not Applicable - no menstrual period in the 6 months prior
- Don't know
- Prefer not to answer

---

In the last six months, did you have menstrual cramps or pains?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

How would you describe how painful your menstrual pains have been in the last six months as compared to the six months before that?  
Select one

- More painful/uncomfortable
- Less painful/uncomfortable
- Same
- Too variable to say
- Don't know
- Prefer not to answer

---

In the past two years, has your menstrual period come late or early by more than a week for reasons other than pregnancy?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

In the past 3 months, have you experienced any changes in how you feel before flow starts, such as breast tenderness or swelling, mood swings, fluid retention, or appetite changes?

- No changes
- Decreasing
- Increasing
- Never or rarely experience these symptoms
- Don't know
- Prefer not to answer

---

What was the longest single period of time (in months) without a menstrual period/flow in your life so far (not including during or following pregnancy or during breastfeeding)?

\_\_\_\_\_  
(Enter 9999 if  $\geq 12$  months or "Don't know" or "Prefer not to answer")

Indicate in months:

---

What was the longest single period of time (in months) without a menstrual period/flow in your life so far (not including during or following pregnancy or during breastfeeding)?

- Greater than 12 months
- Don't know
- Prefer not to answer

---

How many times have your menstrual periods EVER stopped for more than one year?

\_\_\_\_\_  
(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

At what age did your menstrual period stop for more than one year?

\_\_\_\_\_  
(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For what reasons do you think your menstrual periods stopped for more than one year?

- I've gone into natural menopause (more than 1 year without a period)
- I had surgery that induced menopause
- I had menopause due to chemotherapy or radiation therapy
- I was pregnant or breastfeeding
- I was engaged in long-term drug use
- I was taking Depo-Provera (injectable hormonal contraception) or have the levonorgestrel-releasing (Mirena) IUD
- I was taking methadone/methodose
- My weight was too low / lost weight quickly
- I was an extreme athlete training extremely hard
- Other medications
- Other please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Did your period stop more than one year any other time?

- Yes
- No

At what age did your menstrual period stop for more than one year?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For what reasons do you think your menstrual periods stopped for more than one year?

- I've gone into natural menopause (more than 1 year without a period)
- I had surgery that induced menopause
- I had menopause due to chemotherapy or radiation therapy
- I was pregnant or breastfeeding
- I was engaged in long-term drug use
- I was taking Depo-Provera (injectable hormonal contraception) or have the levonorgestrel-releasing (Mirena) IUD
- I was taking methadone/methodose
- My weight was too low / lost weight quickly
- I was an extreme athlete training extremely hard
- Other medications
- Other please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Did your period stop more than one year any other time?

- Yes
- No

At what age did your menstrual period stop for more than one year?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For what reasons do you think your menstrual periods stopped for more than one year?

- I've gone into natural menopause (more than 1 year without a period)
- I had surgery that induced menopause
- I had menopause due to chemotherapy or radiation therapy
- I was pregnant or breastfeeding
- I was engaged in long-term drug use
- I was taking Depo-Provera (injectable hormonal contraception) or have the levonorgestrel-releasing (Mirena) IUD
- I was taking methadone/methodose
- My weight was too low / lost weight quickly
- I was an extreme athlete training extremely hard
- Other medications
- Other please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Did your period stop more than one year any other time?

- Yes
- No

At what age did your menstrual period stop for more than one year?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For what reasons do you think your menstrual periods stopped for more than one year?

- I've gone into natural menopause (more than 1 year without a period)
- I had surgery that induced menopause
- I had menopause due to chemotherapy or radiation therapy
- I was pregnant or breastfeeding
- I was engaged in long-term drug use
- I was taking Depo-Provera (injectable hormonal contraception) or have the levonorgestrel-releasing (Mirena) IUD
- I was taking methadone/methodose
- My weight was too low / lost weight quickly
- I was an extreme athlete training extremely hard
- Other medications
- Other please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Did your period stop more than one year any other time?

- Yes
- No

At what age did your menstrual period stop for more than one year?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For what reasons do you think your menstrual periods stopped for more than one year?

- I've gone into natural menopause (more than 1 year without a period)  
 I had surgery that induced menopause  
 I had menopause due to chemotherapy or radiation therapy  
 I was pregnant or breastfeeding  
 I was engaged in long-term drug use  
 I was taking Depo-Provera (injectable hormonal contraception) or have the levonorgestrel-releasing (Mirena) IUD  
 I was taking methadone/methodose  
 My weight was too low / lost weight quickly  
 I was an extreme athlete training extremely hard  
 Other medications  
 Other please specify:  
 Don't know  
 Prefer not to answer

Please specify other \_\_\_\_\_

Did your period stop more than one year any other time?

- Yes  
 No

Please collect any other age(s) and details \_\_\_\_\_

If you counted all the periods you have missed throughout your menstruating years, how many months would that be? (this question asks for the cumulative time including pregnancy and breastfeeding)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

How many of the [prd\_missed\_cumulative] months above are from pregnancy or breastfeeding?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Has it currently been >1 year since your last menstrual period?

- Yes  
 No  
 Don't know  
 Prefer not to answer

Has your menstrual period started to change?

- Yes  
 No  
 Don't know  
 Prefer not to answer

If yes, at what age?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How would you describe your current menstrual status as it relates to menopause?

Select one

- Premenopausal - I have normal menstrual periods or would have if not for pregnancy, breastfeeding or taking hormones → Premenopausal refers to the time BEFORE menopause has occurred
- Perimenopausal - my menstrual periods have started to change or I've started to have night sweats or hot flashes → Perimenopause is the transition life phase as our body prepares for menopause. It is a gradual process, which may start with night sweats and other changes before varying menstrual cycle lengths begin, and then ends with year after the final menstrual period. → Menopausal refers to the time when one year has passed since your last menstrual flow occurred.
- Menopausal - I have not had a menstrual period for at least 12 months
- Don't know
- Prefer not to answer

Have you ever taken any of the following medications/done any of the following to manage hot flashes and/or night sweats?

Select all that apply

- Hormone Therapy (HT) or menopausal hormone therapy (MHT) - ie. Estrogen or Progesterone or Progestins (synthetic drugs that act like progesterone)
- Anti-depressants (list examples): (e.g. paroxetine, citalopram, escitalopram, venlafaxine)
- Clonidine
- Gabapentin
- Oxybutynin
- Exercise
- Natural health products/alternative medicines
- None
- Other, please specify:
- Don't Know
- Prefer not to answer

Please specify other

---

What natural health products/alternative therapies have you used to treat hot flashes and night sweats?

Select all that apply

- Black cohosh
- Dong quai
- Chinese herbs
- Evening primrose oil
- Flax seed
- St. John's wort
- Exercise, yoga
- Breathing techniques/meditation
- Wild yam cream (natural progesterone product)
- Acupuncture
- Other, please specify
- Don't Know
- Prefer not to answer

Please specify other

---

Have you ever used estrogen pills, patches, creams, sprays, gels or injections for symptoms in menopause or perimenopause? (Includes combined and estrogen-only options)

- Yes, currently
- Yes, but not currently
- No

Why do you take it?  
Select all that apply

- To prevent hot flashes
- Night sweats
- To help me sleep
- To help with vaginal or urine symptoms
- For joint pain
- For mood
- For libido/sexual desire
- Other, specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

You indicated you use estrogen to help with vaginal or urine symptoms.

Please select all that apply

- To prevent urinary track infection
- To make it easier to have my pap test done
- To make sex more enjoyable/comfortable
- To help prevent leakage of urine/incontinence
- To treat vaginal dryness / itchiness / soreness
- To get rid of symptoms of pain on urination or feeling like I need to urinate frequently
- Don't know
- Prefer not to answer

Why did you take it?  
Select all that apply

- To prevent hot flashes
- Night sweats
- To help me sleep
- To help with vaginal or urine symptoms
- For joint pain
- For mood
- For libido/sexual desire
- Other, specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

You indicated you used estrogen to help with vaginal or urine symptoms.

Please select all that apply

- To prevent urinary track infection
- To make it easier to have my pap test done
- To make sex more enjoyable/comfortable
- To help prevent leakage of urine/incontinence
- To treat vaginal dryness / itchiness / soreness
- To get rid of symptoms of pain on urination or feeling like I need to urinate frequently
- Don't know
- Prefer not to answer

What type(s) did you use?

- Estrogen Pill
- Injection
- Applied to your skin - patch, cream, gel or spray (not your vagina)

Have you used the estrogen pill in the last month?

- Yes
- No

Have you received the estrogen injection in the last 3 months?

- Yes
- No

Have you applied any estrogen patches, creams, gels, or sprays in the last month?

- Yes  
 No

For how long have you taken estrogen in perimenopause/menopause?

Indicate unit (days/weeks/months/years) in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For how long have you taken estrogen?  
Indicate unit (days/weeks/months/years)

- days  
 weeks  
 months  
 years

For how long did you take estrogen?

Indicate unit (days/weeks/months/years) in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you take estrogen?  
Indicate unit (days/weeks/months/years)

- days  
 weeks  
 months  
 years

Have you used vaginal estrogen for symptoms in menopause or perimenopause?

- Yes, currently  
 Yes, but not currently  
 No

Have you used vaginal estrogen in the last month?

- Yes  
 No

What type(s) do you use?

- VAGINAL ESTROGEN CREAM (estrace, premarin)  
 Vaginal tablet (Vagifem)  
 VAGINAL RING (EstringR)  
 Don't know  
 Prefer not to answer

What type(s) did you use?

- VAGINAL ESTROGEN CREAM (estrace, premarin)  
 Vaginal tablet (Vagifem)  
 VAGINAL RING (EstringR)  
 Don't know  
 Prefer not to answer

Why do you use vaginal estrogen?  
Select all that apply

- to make sex more enjoyable/comfortable  
 to treat vaginal dryness / itchiness /soreness  
 to make it easier to have my pap test done  
 to prevent urinary tract infection  
 to help prevent leakage of urine/incontinence  
 to get rid of symptoms of pain on urination or feeling like I need to urinate frequently  
 Other \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify other

Why did you use vaginal estrogen?  
Select all that apply

- to make sex more enjoyable/comfortable  
 to treat vaginal dryness / itchiness /soreness  
 to make it easier to have my pap test done  
 to prevent urinary tract infection  
 to help prevent leakage of urine/incontinence  
 to get rid of symptoms of pain on urination or feeling like I need to urinate frequently  
 Other \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify other

\_\_\_\_\_

Do you or did you ever take progesterone for symptoms in menopause or perimenopause?

- Yes, currently  
 Yes, but not now  
 No

Why do you take progesterone?

- Same reason(s) for taking estrogen  
 Other reason(s)

You indicated that you use progesterone for reasons different than estrogen.  
Select all that apply

- To prevent hot flashes  
 Night sweats  
 To help me sleep  
 To help with vaginal or urine symptoms  
 For joint pain  
 For mood  
 For libido/sexual desire  
 Other, specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify other

\_\_\_\_\_

You indicated you use progesterone to help with vaginal or urine symptoms.

Please select all that apply

- To prevent urinary track infection  
 To make it easier to have my pap test done  
 To make sex more enjoyable/comfortable  
 To help prevent leakage of urine/incontinence  
 To treat vaginal dryness / itchiness / soreness  
 To get rid of symptoms of pain on urination or feeling like I need to urinate frequently  
 Don't know  
 Prefer not to answer

Why did you take progesterone?

- Same reason(s) for taking estrogen  
 Other reason(s)

You indicated that you used progesterone for reasons different than estrogen.  
Select all that apply

- To prevent hot flashes  
 Night sweats  
 To help me sleep  
 To help with vaginal or urine symptoms  
 For joint pain  
 For mood  
 For libido/sexual desire  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer



Please specify other

---

You indicated you used progesterone to help with vaginal or urine symptoms.

Please select all that apply

- To prevent urinary track infection
- To make it easier to have my pap test done
- To make sex more enjoyable/comfortable
- To help prevent leakage of urine/incontinence
- To treat vaginal dryness / itchiness / soreness
- To get rid of symptoms of pain on urination or feeling like I need to urinate frequently
- Don't know
- Prefer not to answer

What type(s) did you use?

Select all that apply

- Pill
- Injection
- Patch or Cream
- Don't know
- Prefer not to answer

Have you used the progesterone pill in the last 1 month?

- Yes
- No

Have you received the progesterone injection in the last 3 months?

- Yes
- No

Have you used the progesterone patch or cream in the last 1 month?

- Yes
- No

For how long have you taken progesterone?

Indicate unit (days/weeks/months/years) in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long have you taken progesterone?  
Indicate unit (days/weeks/months/years)

- days
- weeks
- months
- years

For how long did you take progesterone?

Indicate unit (days/weeks/months/years) in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you take progesterone?  
Indicate unit (days/weeks/months/years)

- days
- weeks
- months
- years

Have you ever discussed phases of menopause with your healthcare provider?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Did you feel supported with these discussions?

- Yes
- No
- Don't know
- Prefer not to answer

**The following is a list of symptoms that may affect us from time to time in our daily lives. Thinking back over the past two weeks, please indicate how frequently you experienced any of the following and how much you were bothered by the symptom. If "not at all", then skip to next symptom.**

**This section is part of a validated survey.**

	Almost every day / night / 5-7 times a week	Often / 3-4 times a week	Sometimes / 1-2 times a week	Never	Prefer not to answer
a ...Hot flashes or flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b ...Stiffness or soreness in joints, neck, or shoulders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c ...Cold sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d ...Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e ...Vaginal dryness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f ...Feeling blue or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g ...Irritability or grouchiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h ...Feeling tense or nervous / anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i ...Forgetfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j ...Frequent mood changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k ...Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l ...Bladder leaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m ...Skin is crawling or itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n ...More tired than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p ...Lack desire or interest in sexual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r ...Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s ...Fluid retention/bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u ...Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v ...Vaginal or vulvar pain (not during sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Now, please rate the severity of how much you were bothered by the symptom you indicated you experienced.**

	A lot	Moderately	Very little	Not at all	Prefer not to answer
a ...Hot flashes or flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b ...Stiffness or soreness in joints, neck or shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c ...Cold sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d					

...	Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	...Vaginal dryness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	...Feeling blue or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	...Irritability or grouchiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	...Feeling tense or nervous / anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	...Forgetfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	...Frequent mood changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	...Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	...Bladder leaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	...Skin is crawling or itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	...More tired than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	...Lack desire or interest in sexual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	...Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	... Fluid retention/bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u	...Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v	...Vaginal or vulvar pain (not during sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

In the past 6 months, have you experienced weight gain?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

In the past 6 months, have you experienced unwanted hair growth?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

In the past 6 months, have you experienced pain during intercourse?

- Never  
 Occasionally  
 Often  
 Always  
 Not applicable - not having sex  
 Don't know  
 Prefer not to answer

---

In the past 3 months, have you noticed changes in breast tenderness or lumpiness (nodularity)?

- No changes  
 Decreasing  
 Increasing  
 Never or rarely have breast tenderness or lumpiness  
 Don't know  
 Prefer not to answer

---

If you know your biological family, do you have a biological mother or biological sister who became menopausal (> one year without flow) "naturally" before the age of 40?  
Select one

- Don't know biological family  
 Yes  
 No  
 Don't know  
 Prefer not to answer

**We will now be asking you about surgeries you may or may not have had in the past. This section also includes questions about abortions. If there is something you prefer not to answer, you are welcome to select "prefer not to answer". We can take a break at any time.**

Have you had your uterus removed? When part of or all of your uterus is removed, that is referred to as a hysterectomy.  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

When did you undergo this surgery (specify, 'The first time' if you have undergone multiple surgeries)?  
Please indicate your age at the time of surgery.

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

In which country was the uterus removal surgery(s)/hysterectomy performed?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Did you personally wish for the surgery (hysterectomy) or was it the procedure recommended to you, or forced upon you by another person?

- I wanted the procedure  
 The procedure was recommended to me  
 The procedure was forced upon me  
 The procedure was medically necessary  
 Don't know  
 Prefer not to answer

Was the uterus removal surgery done because of your HIV status?  
Select one

- No, the procedure occurred before I was diagnosed with HIV  
 No, the procedure was done for reasons other than my HIV status  
 Yes, the procedure was because of my HIV status  
 Don't know  
 Prefer not to answer

Have you had your cervix removed (alone or as part of a total hysterectomy)?  
Select one.

- Yes  
 No  
 Don't know  
 Prefer not to answer

Have you had one or both ovaries removed (alone or as part of a total hysterectomy)?  
Select one.

- Yes, one ovary removed  
 Yes, both ovaries removed  
 No  
 Don't know  
 Prefer not to answer

If yes, at what age?  
First ovary

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

If yes, at what age?

Second ovary

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Was the ovary removal surgery due to your HIV status?  
Select one

- No, the procedure occurred before I was diagnosed with HIV
- No, the procedure was done for reasons other than my HIV status
- Yes, the procedure was because of my HIV status
- Don't know
- Prefer not to answer

---

Have you had a tubal ligation or tube removal (called a salpingectomy or as part of a total hysterectomy)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

In which country was the tubal ligation/tubal removal performed?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

Did you personally wish for the tubal ligation/tubal removal or was it the procedure forced or coerced upon you by another person?

- I wanted the procedure
- The procedure was forced upon me
- The procedure was medically necessary
- Don't know
- Prefer not to answer

---

Was the procedure forced or coerced upon you due to your HIV status?  
Select one

- No, the procedure occurred before I was diagnosed with HIV
- No, the procedure was done for reasons other than my HIV status
- Yes, the procedure was because of my HIV status
- Don't know
- Prefer not to answer

---

Have you ever terminated a pregnancy?

- Yes, and it was my choice
- Yes, and it was recommended to me
- Yes, and I was forced/coerced to do so
- No
- No, it was recommended to me, but I chose not to
- Don't know
- Prefer not to answer

---

**This next section is about pregnancies in your life, and children, including those in your care and those that may not be. In this study, we are hoping to better understand the complex associations between women's health and their personal life experiences. We have tried to make these questions as respectful as possible, and they have been peer-reviewed. You can stop or take a break at any time.**

---

Are you currently pregnant?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Have you ever been pregnant? This includes all pregnancies, whether the outcome was a live birth, miscarriage, stillbirth, termination of pregnancy (abortion), or an ectopic/tubal pregnancy.  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

How many times have you ever been pregnant (excluding your current pregnancy, if applicable)?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Indicate number of pregnancies:

(First Pregnancy) What was the outcome?

- Single live birth
- Multiple live births
- Miscarriage
- Stillbirth
- Pregnancy termination
- Ectopic pregnancy
- Don't know
- Prefer not to answer

(First Pregnancy) How many live births occurred?

- Two
- Three
- Other, please specify

Please specify other

(First Pregnancy) Was this a planned pregnancy?

- Yes
- No
- Don't know
- Prefer not to answer

(First Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
Select one

- Diagnosed before
- Diagnosed during
- Diagnosed after
- Don't know
- Prefer not to answer

(First Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

(First Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 9999 if "Don't know", 7777 if "Prefer not to answer" and 8888 if not applicable (did not receive ART during this pregnancy))

(First Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(First Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes
- No (Didn't have a preterm delivery)
- Don't know
- Prefer not to answer

(First Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) Was the baby born in Canada?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(First Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all?  
In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(First Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(First pregnancy) What was the biological sex of the first child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(First Pregnancy) Did your first child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(First Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) Was your second baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(First Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(First pregnancy) What was the biological sex of the second child?

Select one

- Male
- Female
- Don't know
- Prefer not to answer

---

(First Pregnancy) Did your second child ever become a biological parent?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(First Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) Was your third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
- Yes, tested within 10 years of birth
- Yes, but not within 10 years of birth
- No, not that I know of
- No, because I had not been diagnosed with HIV yet
- Don't know
- Prefer not to answer

---

(First Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer

---

(First pregnancy) What was the biological sex of the third child?  
Select one

- Male
- Female
- Don't know
- Prefer not to answer

---

(First Pregnancy) Did your third child ever become a biological parent?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(First Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

(First Pregnancy) Was this a planned pregnancy?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(First Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
Select one

- Diagnosed before
- Diagnosed during
- Diagnosed after
- Don't know
- Prefer not to answer



(First Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(First Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 9999 if "Don't know", 7777 if "Prefer not to answer" or 8888 if "Not Applicable, (did not receive ART during this pregnancy)")

(First Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(First Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

(First Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Second Pregnancy  
 Not applicable - No further pregnancies to report

(Second Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Second Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

(Second Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Second Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Second Pregnancy) Was the baby born in Canada?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

(Second Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Second Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all? In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth  
 Yes, tested within 10 years of birth  
 Yes, but not within 10 years of birth  
 No, not that I know of  
 No, because I had not been diagnosed with HIV yet  
 Don't know  
 Prefer not to answer

(Second Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive  
 HIV-Negative  
 Testing underway  
 Don't know  
 Prefer not to answer

(Second Pregnancy) What was the biological sex of this child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Did your this child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Second Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Second Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Second Pregnancy) Was your second baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Second Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Second pregnancy) What was the biological sex of the second child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Second Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Second Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Second Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Second Pregnancy) Was your third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Second Pregnancy) What was the final result of the HIV test for the third baby?

Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer

(Second pregnancy) What was the biological sex of the third child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Did the third child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) If yes, how many children? (regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Second Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Second Pregnancy) Was this a planned pregnancy?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Second Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Second Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Second Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Second Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

(Second Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Third Pregnancy  
 Not applicable - No further pregnancies to report

(Third Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Third Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

\_\_\_\_\_

(Third Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Third Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
 Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Third Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Third Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

\_\_\_\_\_  
 (Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Third Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

\_\_\_\_\_  
 (Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Third Pregnancy) Was the baby born in Canada?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Third Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

---

(Third Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all? In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Third Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Third Pregnancy) What was the biological sex of this child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Third Pregnancy) Did this child ever become a biological parent?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Third Pregnancy) If yes, how many children? (regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) Was the second baby tested for HIV at birth, within 10 years of birth, or not at all?

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Third Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Third pregnancy) What was the biological sex of the second child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
-

---

(Third Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

(Third Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) Was the third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth  
 Yes, tested within 10 years of birth  
 Yes, but not within 10 years of birth  
 No, not that I know of  
 No, because I had not been diagnosed with HIV yet  
 Don't know  
 Prefer not to answer
- 

(Third Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive  
 HIV-Negative  
 Testing underway  
 Don't know  
 Prefer not to answer
- 

(Third pregnancy) What was the biological sex of the third child?  
Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer
- 

(Third Pregnancy) Did the third child ever become a biological parent?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

(Third Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Third Pregnancy) Was this a planned pregnancy?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer
- 

(Third Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer
-

(Third Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Third Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Third Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Third Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Third Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Fourth Pregnancy  
 Not applicable - No further pregnancies to report

(Fourth Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

(Fourth Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer



(Fourth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 9999 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Fourth Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Fourth Pregnancy) Was the baby born in Canada?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Fourth Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all? In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth  
 Yes, tested within 10 years of birth  
 Yes, but not within 10 years of birth  
 No, not that I know of  
 No, because I had not been diagnosed with HIV yet  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive  
 HIV-Negative  
 Testing underway  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) What was the biological sex of this child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Fourth Pregnancy) Did this child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) Was the second baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Fourth Pregnancy) What was the final result of the HIV test for the second baby?  
Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Fourth pregnancy) What was the biological sex of the second child?  
Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Fourth Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Fourth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) Was the third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Fourth Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer

---

(Fourth pregnancy) What was the biological sex of the third child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) Did the third child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) If yes, how many children? (regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) Was this a planned pregnancy?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Fourth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

(Fourth Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fourth Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Fifth Pregnancy  
 Not applicable - No further pregnancies to report

(Fifth Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

\_\_\_\_\_

(Fifth Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
 Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

\_\_\_\_\_  
 (Enter 9999 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Fifth Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

\_\_\_\_\_  
 (Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Fifth Pregnancy) Was the baby born in Canada?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) Was this pregnancy a preterm delivery

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

---

(Fifth Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fifth Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all?  
In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Fifth Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Fifth Pregnancy) What was the biological sex of this child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Fifth Pregnancy) Did this child ever become a biological parent?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Fifth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 "Prefer not to answer" )

---

(Fifth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 "Prefer not to answer" )

---

(Fifth Pregnancy) Was the second baby tested for HIV at birth, within 10 years of birth, or not at all?

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Fifth Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Fifth pregnancy) What was the biological sex of the second child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
-

---

(Fifth Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(Fifth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fifth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fifth Pregnancy) Was your third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
- Yes, tested within 10 years of birth
- Yes, but not within 10 years of birth
- No, not that I know of
- No, because I had not been diagnosed with HIV yet
- Don't know
- Prefer not to answer

---

(Fifth Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer

---

(Fifth pregnancy) What was the biological sex of the third child?  
Select one

- Male
- Female
- Don't know
- Prefer not to answer

---

(Fifth Pregnancy) Did the third child ever become a biological parent?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(Fifth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fifth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Fifth Pregnancy) Was this a planned pregnancy?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

(Fifth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
Select one

- Diagnosed before
- Diagnosed during
- Diagnosed after
- Don't know
- Prefer not to answer

(Fifth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Fifth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Fifth Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Fifth Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Fifth Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Sixth Pregnancy  
 Not applicable - No further pregnancies to report

(Sixth Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

(Sixth Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Sixth Pregnancy) Was the baby born in Canada?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all?  
In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth  
 Yes, tested within 10 years of birth  
 Yes, but not within 10 years of birth  
 No, not that I know of  
 No, because I had not been diagnosed with HIV yet  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive  
 HIV-Negative  
 Testing underway  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) What was the biological sex of this child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Did this child ever become a biological parent?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer



---

(Sixth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Sixth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Sixth Pregnancy) Was the second baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Sixth Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Sixth pregnancy) What was the biological sex of the second child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Sixth Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Sixth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Sixth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Sixth Pregnancy) Was your third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Sixth Pregnancy) What was the final result of the HIV test for the third baby?

Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer

(Sixth pregnancy) What was the biological sex of the third child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Did the third child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) If yes, how many children? (regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) Was this a planned pregnancy?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Sixth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Sixth Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Sixth Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Seventh Pregnancy  
 Not applicable - No further pregnancies to report

(Seventh Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

\_\_\_\_\_

(Seventh Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
 Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

\_\_\_\_\_  
 (Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Seventh Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

\_\_\_\_\_  
 (Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Seventh Pregnancy) Was the baby born in Canada?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

---

(Seventh Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all?  
In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) What was the biological sex of this child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) Did this child ever become a biological parent?

Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) Was the second baby tested for HIV at birth, within 10 years of birth, or not at all?

Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) What was the final result of the HIV test for the second baby?

Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Seventh pregnancy) What was the biological sex of the second child?

Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
-

---

(Seventh Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) Was the third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Seventh pregnancy) What was the biological sex of the third child?  
Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) Did the third child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Seventh Pregnancy) Was this a planned pregnancy?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Seventh Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?  
Select one

- Diagnosed before
- Diagnosed during
- Diagnosed after
- Don't know
- Prefer not to answer

(Seventh Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Seventh Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Seventh Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Seventh Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Seventh Pregnancy) Additional Notes

(Leave blank if none)

Note to interviewer: Proceed to the next pregnancy if applicable

- Proceed to Eighth Pregnancy  
 Not applicable - No further pregnancies to report

(Eighth Pregnancy) What was the outcome?

- Single live birth  
 Multiple live births  
 Miscarriage  
 Stillbirth  
 Pregnancy termination  
 Ectopic pregnancy  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) How many live births occurred?

- Two  
 Three  
 Other, please specify

Please specify other

(Eighth Pregnancy) Was this a planned pregnancy?

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 9999 if "N/A, did not receive ART during this pregnancy, 7777 if "Don't know" or 7777 if "Prefer not to answer" )

(Eighth Pregnancy) When did you deliver?

Indicate month and year of delivery

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

(Eighth Pregnancy) Was the baby born in Canada?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) Was this pregnancy a preterm delivery (< 37 weeks)?

- Yes  
 No (Didn't have a preterm delivery)  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) If yes to preterm delivery (< 37 weeks), indicate number of weeks:

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

(Eighth Pregnancy) Was your baby tested for HIV at birth, within 10 years of birth, or not at all?  
In the case of multiple live births, this question would apply for the first baby.

Select one

- Yes, tested at birth  
 Yes, tested within 10 years of birth  
 Yes, but not within 10 years of birth  
 No, not that I know of  
 No, because I had not been diagnosed with HIV yet  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) What was the final result of the HIV test?

Select one

- HIV-Positive  
 HIV-Negative  
 Testing underway  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) What was the biological sex of this child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

(Eighth Pregnancy) Did this child ever become a biological parent?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) Was this second baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Eighth Pregnancy) What was the final result of the HIV test for the second baby?  
Select one

- HIV-Positive
  - HIV-Negative
  - Testing underway
  - Don't know
  - Prefer not to answer
- 

(Eighth pregnancy) What was the biological sex of the second child?  
Select one

- Male
  - Female
  - Don't know
  - Prefer not to answer
- 

(Eighth Pregnancy) Did the second child ever become a biological parent?  
Select one

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

(Eighth Pregnancy) If yes, how many children?  
(regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) Was your third baby tested for HIV at birth, within 10 years of birth, or not at all?  
Select one

- Yes, tested at birth
  - Yes, tested within 10 years of birth
  - Yes, but not within 10 years of birth
  - No, not that I know of
  - No, because I had not been diagnosed with HIV yet
  - Don't know
  - Prefer not to answer
- 

(Eighth Pregnancy) What was the final result of the HIV test for the third baby?  
Select one

- HIV-Positive
- HIV-Negative
- Testing underway
- Don't know
- Prefer not to answer



---

(Eighth pregnancy) What was the biological sex of the third child?

Select one

- Male  
 Female  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) Did the third child ever become a biological parent?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) If yes, how many children? (regardless of whether always with the same partner)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) How many of these children were twins?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) Was this a planned pregnancy?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) Were you diagnosed with HIV before, during, or after this pregnancy?

Select one

- Diagnosed before  
 Diagnosed during  
 Diagnosed after  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) Were you on HIV antiretroviral therapy (ART) before you became pregnant?

Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

(Eighth Pregnancy) How many weeks pregnant were you when you started antiretroviral therapy (ART)?

Indicate number of weeks

(Enter 8888 if "N/A, did not receive ART during this pregnancy, 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) When did the pregnancy end?

Indicate month and year

Note to interviewer: Enter 15 for day

(Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

(Eighth Pregnancy) How many weeks had you been pregnant when the pregnancy ended?

Indicate number of weeks

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

(Eighth Pregnancy) Additional Notes

(Leave blank if none)

Note to Interviewer: If participant has more than 8 pregnancies, please collect information in the paragraph box

---

Have you ever been diagnosed with or treated for infertility, or tried for 2 or more years and been unable to get pregnant?

- Yes  
 No

What was the reason?  
 Select all that apply

- Hormone or ovulation problem  
 Tubal blockage or abdominal pain  
 Problem with your partners fertility  
 Other, please specify

Please specify other

---

Did you access any fertility services to help you become pregnant?

- Yes  
 No  
 Don't know  
 Prefer not to answer

Which fertility services did you use while trying to get pregnant?

Select all that apply

- Sperm or egg donation  
 Fertility enhancing drugs prescribed by a doctor  
 Artificial insemination or intrauterine insemination  
 Assisted reproductive technology  
 Male infertility treatment options  
 Other, please specify:  
 Don't know  
 Prefer not to answer

Please specify other

---

Did you know whether the other biological parent (i.e. father, sperm donor) was HIV-negative, HIV-positive, or unknown HIV status before your current or most recent pregnancy?  
 Select one

- Other biological parent HIV-positive and participant diagnosed before pregnancy  
 Other biological parent HIV-positive and participant diagnosed during or after pregnancy  
 Other biological parent HIV-positive and control participant (HIV-negative)  
 Other biological parent HIV-negative and participant diagnosed before pregnancy  
 Other biological parent HIV-negative and participant diagnosed during or after pregnancy  
 Other biological parent HIV status unknown and participant diagnosed before pregnancy  
 Other biological parent HIV status unknown and participant diagnosed during or after pregnancy  
 BOTH biological parent and participant (control) are HIV negative  
 Not applicable - HIV was not yet discovered when I was last pregnant  
 Don't know  
 Prefer not to answer

Did you and/or the other biological parent do anything around the time you got pregnant to reduce the risk of the other biological parent from acquiring HIV?  
 Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Did you and/or the other biological parent do anything around the time you got pregnant to reduce the risk of you acquiring HIV?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Can you tell me what you did?  
Select all that apply.

- Sperm washing  
 Sperm donation  
 Home, manual insemination (e.g., 'turkey baster method')  
 Restricted condomless sex to most fertile times (e.g., 'timed ovulation')  
 The HIV-negative sexual partner used pre-exposure prophylaxis with ART (PrEP)  
 Waited to have condomless sex until HIV-positive sexual partner was on ART and virally suppressed (U=U)  
 Artificial insemination or intrauterine insemination at a fertility clinic  
 Used other assisted reproductive services from a fertility clinic, which may include in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), or donor embryo transfer.  
 Other, please specify: \_\_\_\_\_  
 Don't know [exclusive]  
 Prefer not to answer [exclusive]

Please specify other \_\_\_\_\_

Are you aware of the Canadian HIV Pregnancy Planning Guidelines (published in 2012 and updated in 2018)?  
These are guidelines to support people living with or affected by HIV who want to become parents.

- Yes  
 No  
 Don't know  
 Prefer not to answer

Select one

Have you ever consulted these guidelines to inform your decisions around becoming a parent?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Did your provider ever discuss these guidelines with you to support your decisions around becoming a parent?"  
Select one

- Yes  
 No  
 No, these guidelines were not available when I had my children  
 Don't Know  
 Prefer not to answer

Have you ever discussed your reproductive goals with a healthcare provider?  
Select one

- Yes  
 No  
 Not applicable - unable / don't want to have children  
 Don't know  
 Prefer not to answer

---

Since knowing your HIV status, have you ever discussed your reproductive goals with a healthcare provider?  
Select one

- Yes
- No
- Not applicable - unable / don't want to have children
- Don't know
- Prefer not to answer

---

Did this healthcare provider know your HIV status?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Do you currently have a healthcare provider with whom you feel comfortable talking to about your reproductive goals?  
Select one

- Yes
- No
- Not applicable - unable / don't want to have children
- Don't know
- Prefer not to answer

---

When was the last time you discussed your reproductive goals with a healthcare provider?  
Select one

- Within the last year
- 1 - 3 years ago
- 3 - 5 years ago
- 5 years ago or more
- Don't know
- Prefer not to answer

---

Thinking about the last time you discussed your reproductive goals with a healthcare provider, who initiated the conversation?  
Select one

- You
- Your sexual partner
- Nurse
- Family doctor
- HIV specialist
- Obstetrics and gynecology doctor
- Counsellor
- Other please specify:
- Don't know
- Prefer not to answer

---

Please specify other \_\_\_\_\_

---

Do you intend to become pregnant in the future?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

When in the future do you intend to become pregnant?  
Select one

- I'd like to get pregnant now
- Not now, but within 1 year
- In 1 to 2 years from now
- In 3 to 4 years from now
- More than 4 years from now
- Don't know
- Prefer not to answer

**Which of the following contraceptive methods have you ever used?****Select one response per line.**

	Yes	No	Don't know	Prefer not to answer
a an oral contraceptive, also known as 'the pill'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b an injection, also known as 'Depo-provera'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c NuvaRing, a vaginal ring containing hormone that you insert once a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d a contraceptive patch, also known as Ortho Evra and used once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e an intrauterine device, also known as an "IUD" or "Copper IUD"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f an Intrauterine System, also known as an "IUS" or "Mirena" (releases hormones)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g an Implanon, also known as a "progestin implantable contraceptive under the skin"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h condoms (female and/or male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i any emergency contraception, commonly known as "Plan B", "the morning after pill"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Basal body temperature with other measures to know when you are fertile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k Any other contraceptive methods (i.e. withdrawal; please specify: _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l Other traditional methods (please specify:_____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At what age did you start the oral contraceptive, also known as 'the pill'?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For how long did you use the oral contraceptive, also known as 'the pill'?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

For how long did you use the oral contraceptive, also known as 'the pill'?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list

What reasons did you use the oral contraceptive, also known as 'the pill' for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify

Please specify other

\_\_\_\_\_

At what age did you start the injection, also known as 'Depo-provera'?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For how long did you use the injection, also known as 'Depo-provera'?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

For how long did you use the injection, also known as 'Depo-provera'?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list

What reasons did you use the injection, also known as 'Depo-provera' for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify

Please specify other

\_\_\_\_\_

At what age did you start the NuvaRing?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you use the NuvaRing?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

For how long did you use the NuvaRing?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list

---

What reasons did you use the NuvaRing for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify
- 

Please specify other

---

At what age did you start the contraceptive patch,  
also known as Ortho Evra?

\_\_\_\_\_  
(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

For how long did you use the contraceptive patch, also  
known as Ortho Evra?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

\_\_\_\_\_  
(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

For how long did you use the contraceptive patch, also  
known as Ortho Evra?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list

---

What reasons did you use the contraceptive patch, also  
known as Ortho Evra for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify
- 

Please specify other

---

At what age did you start the intrauterine device,  
also known as an "IUD" or "Copper IUD"?

\_\_\_\_\_  
(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

---

What reasons did you use the intrauterine device, also known as an "IUD" or "Copper IUD" for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify

Please specify other

---

At what age did you start the Intrauterine System, also known as an "IUS" or "Mirena"?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you use the Intrauterine System, also known as an "IUS" or "Mirena"?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

For how long did you use the Intrauterine System, also known as an "IUS" or "Mirena"?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list

What reasons did you use the Intrauterine System, also known as an "IUS" or "Mirena"? for?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify

Please specify other

---

At what age did you start the Implanon?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you use the Implanon?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For how long did you use the Implanon?

- days  
 weeks  
 months  
 years

Specify unit (days/weeks/months/years) from drop-down list



What reasons did you use the Implanon?  
Select all that apply

- contraception: to prevent pregnancy  
 to treat premenstrual symptoms  
 to treat heavy menstrual flow or abnormal bleeding  
 to treat severe menstrual cramps (dysmenorrhea)  
 to treat irregular or infrequent cramps  
 to treat acne or unwanted facial or body hair  
 to treat irregular or infrequent periods  
 other, please specify

Please specify other \_\_\_\_\_

At what age did you start using condoms?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

At what age did you start the emergency contraception, commonly known as "Plan B", "the morning after pill"?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How many times did you use the emergency contraception, commonly known as "Plan B", "the morning after pill"?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

At what age did you consider your basal body temperature with other measures to know when you are fertile?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

What is the "other" contraceptive method you mentioned you used?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

At what age did you start [contra\_hxk\_specify]?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Please specify the traditional method

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

At what age did you start the [contra\_hxl\_specify]?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

Have you ever been sufficiently bothered by severe acne and/or unwanted face or body hair to consult a physician for treatment?

- Yes  
 No

At what age did you consult a physician for treatment?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

In the past six months have you used any of the following?  
Select all that apply.

- NONE
- Oral contraceptive (e.g., "the pill")
- Injection - Depo-provera
- Implanon - progesting implantable contraception
- Male condoms
- Female condoms
- Conscious abstinence from biological male partners for past 6 months
- Rhythm method/Withdrawal method
- Intrauterine Device (e.g., "IUD", "Copper IUD")
- Intrauterine System (e.g., "IUS", Mirena)
- Diaphragm (i.e., cervical cap)
- Vaginal cream/Jellies/Foams
- The sponge
- NuvaRing (i.e., a vaginal ring containing hormone that you insert once a month)
- Contraceptive patch (also known as Ortho Evra and used once a week)
- Emergency contraception (e.g., "Plan B", "The morning after pill", Ovral, Preven)
- Male sterilization/Vasectomy
- Hysterectomy
- Tubal ligation
- Spermicides / lube-lubricant
- Not currently having sex
- Other, please specify: \_\_\_\_\_
- Don't know [exclusive]
- Prefer not to answer [exclusive]

Have you used the oral contraceptive (eg. "the pill") in the past 1 month?

- Yes
- No

Are you currently using the oral contraceptive (e.g. "the pill")?

- Yes
- No

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

Are you currently using Depo-provera?

- Yes
- No

---

When was your last Depo Provera injection?

(Enter 15 if DAY unknown. Enter 06 if MONTH unknown. Enter 1900 if YEAR unknown.)

---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
  - To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
  - To control acne or unwanted facial or body hair
  - To control my menstrual period
  - To treat heavy menstrual flow or abnormal bleeding
  - To treat severe menstrual cramps (dysmenorrhea)
  - To treat irregular or infrequent cramps
  - For treatment of perimenopausal symptoms
  - Other, please specify:
  - Don't know
  - Prefer not to answer
- 

Please specify other

---

Have you used the implanon in the past 1 month?

- Yes
  - No
- 

Are you currently using the implanon?

- Yes
  - No
- 

For which of the following reasons did you use this method?

Select all that apply

- Birth control
  - To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
  - To control acne or unwanted facial or body hair
  - To control my menstrual period
  - To treat heavy menstrual flow or abnormal bleeding
  - To treat severe menstrual cramps (dysmenorrhea)
  - To treat irregular or infrequent cramps
  - For treatment of perimenopausal symptoms
  - Other, please specify:
  - Don't know
  - Prefer not to answer
- 

Please specify other

---

In the past six months, how often did your male partner use condoms during sex?

Select one

- Always (100% of the time)
- Usually (Over 75% of the time)
- Sometimes (Between 25% and 75% of the time)
- Occasionally (Less than 25% of the time)
- None of the time (0% of the time)
- Don't know
- Prefer not to answer

---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

---

Please specify other

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In the past six months, how often were female condoms used during sex?  
Select one

- Always (100% of the time)
- Usually (Over 75% of the time)
- Sometimes (Between 25% and 75% of the time)
- Occasionally (Less than 25% of the time)
- None of the time (0% of the time)
- Don't know
- Prefer not to answer

---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

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Please specify other

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For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

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Please specify other

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For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

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For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Are you currently using the Intrauterine System (e.g., "IUS", Mirena)?

- Yes
- No

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

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---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

---

Please specify other

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---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

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Please specify other

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For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

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Please specify other

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---

Have you used the NuvaRing in the past 1 month?

- Yes
- No

---

Are you currently using the NuvaRing?

- Yes
- No

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Have you used the contraceptive patch in the past 1 month?

- Yes
- No

Are you currently using the contraceptive patch?

- Yes
- No

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

---

Have you used the emergency contraception (e.g. Plan B, the morning after pill) in the past 1 month?

- Yes
- No

How many times have you taken emergency contraception (Plan B or the morning after pill) during the last 6 months?

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

---

Please specify other

---

For which of the following reasons did you use this method?

Select all that apply

- Birth control
  - To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
  - To control acne or unwanted facial or body hair
  - To control my menstrual period
  - To treat heavy menstrual flow or abnormal bleeding
  - To treat severe menstrual cramps (dysmenorrhea)
  - To treat irregular or infrequent cramps
  - For treatment of perimenopausal symptoms
  - Other, please specify:
  - Don't know
  - Prefer not to answer
- 

Please specify other

---

For which of the following reasons did you use hysterectomy as a method?

Select all that apply

- Birth control
  - To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
  - To control acne or unwanted facial or body hair
  - To control my menstrual period
  - To treat heavy menstrual flow or abnormal bleeding
  - To treat severe menstrual cramps (dysmenorrhea)
  - To treat irregular or infrequent cramps
  - For treatment of perimenopausal symptoms
  - Other, please specify:
  - Don't know
  - Prefer not to answer
- 

Please specify other

---

For which of the following reasons did you use tubal ligation as a method?

Select all that apply

- Birth control
  - To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
  - To control acne or unwanted facial or body hair
  - To control my menstrual period
  - To treat heavy menstrual flow or abnormal bleeding
  - To treat severe menstrual cramps (dysmenorrhea)
  - To treat irregular or infrequent cramps
  - For treatment of perimenopausal symptoms
  - Other, please specify:
  - Don't know
  - Prefer not to answer
- 

Please specify other

---



For which of the following reasons did you use this method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

Please specify the "other" contraception method

\_\_\_\_\_

For which of the following reasons did you use [contraothspecify] as a method?

Select all that apply

- Birth control
- To avoid getting or giving sexually transmitted infections (e.g., to practice safer sex)
- To control acne or unwanted facial or body hair
- To control my menstrual period
- To treat heavy menstrual flow or abnormal bleeding
- To treat severe menstrual cramps (dysmenorrhea)
- To treat irregular or infrequent cramps
- For treatment of perimenopausal symptoms
- Other, please specify:
- Don't know
- Prefer not to answer

Please specify other

\_\_\_\_\_

Overall, how satisfied are you with your current contraceptive or safer sex method(s)?

Select one

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Extremely dissatisfied
- Don't know
- Prefer not to answer

Would you prefer to use different contraceptive or safer sex method(s) other than the one(s) you are currently using?

Select one

- Yes
- No
- Don't know
- Prefer not to answer

What method(s) would you prefer to use?  
Select all that apply.

- Oral contraceptive (e.g., "the pill")
- Injection (i.e., Depo-provera)
- Implanon (i.e., progestin implantable contraceptive)
- Male condoms
- Female condoms
- Conscious abstinence from biological male partners for past 6 months
- Rhythm method/Withdrawal method
- Intrauterine Device (e.g., "IUD", "Copper IUD")
- Intrauterine System (e.g., "IUS", Mirena)
- Diaphragm (i.e., cervical cap)
- Vaginal cream/Jellies/Foams
- The sponge
- NuvaRing (i.e., a vaginal ring containing hormone that you insert once a month)
- Contraceptive patch (also known as Ortho Evra and used once a week)
- Emergency contraception (e.g., "Plan B", "The morning after pill", Ovral, Preven)
- Male sterilization/Vasectomy
- Hysterectomy
- Tubal ligation
- Spermicides / lube-lubricant
- Other, please specify: \_\_\_\_\_
- Don't know [exclusive]
- Prefer not to answer [exclusive]

Please specify other \_\_\_\_\_

What is the most important reason you do not use your preferred method?  
Select one

- Doctor will not prescribe it
- Cost
- Not available/difficult to access/unreliable source
- Spouse or partner objects to it
- Religious reasons
- Fear of side effects
- Still thinking about it/have not made up my mind
- Difficult to use
- Fear of the procedure (IUD, tubal ligation, Norplant)
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify other \_\_\_\_\_

---

What are the main reasons that you have not used contraception in the past 6 months?

Select all that apply, even if the reasons have changed over the past 6 months.

- I am currently pregnant
- I am trying to become pregnant
- I don't mind becoming pregnant
- I don't believe in using birth control
- I don't think I would become pregnant
- I cannot become pregnant
- I cannot become pregnant because my sexual partner is infertile
- I use the withdrawal or rhythm method
- I don't like using contraception
- I don't use contraception for religious reasons
- My sexual partner doesn't like using contraception
- My sexual partner refuses to use/will not let me use contraception
- I am not having sex with a biological man (e.g., my sexual partner is a woman, transman, etc.)
- I am not having any sex
- I am in a mutually faithful sexual relationship
- I knew my partner and I had the same HIV status (e.g., "we are both HIV-positive")
- I am undetectable / adherent to meds and I didn't think I could transmit HIV to others
- I thought my partner(s) was/were at low risk of getting HIV or AIDS
- Other, please specify: \_\_\_\_\_
- Don't know
- Prefer not to answer

---

Please specify other

\_\_\_\_\_

## BCC3 Substance Use

Please complete the survey below.

Thank you!

**This section will ask about your potential use of alcohol, tobacco, cannabis, and other substances. This includes prescription medications used differently than for which they were prescribed.**

**Your lived experiences are very valuable in helping us understand the factors that affect women's health and aging. We understand that some of these questions may be sensitive or difficult to answer. Please know that your responses are completely confidential.**

Have you EVER used cigarettes/tobacco, alcohol, or drugs recreationally (non-medicinally)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever smoked cigarettes regularly? If so, did you smoke cigarettes within the past 3 months?

- Yes, within the last 3 months
- Yes, more than 3 months ago
- Never

How old were you when you first started smoking cigarettes?

- Don't know
- Prefer not to answer
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- 100

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

Please specify the frequency of current cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of current cigarettes  
smoked [prsnt\_freq\_pack\_yrs].

\*In BC, most packs sold have 20 cigarettes.

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  - 100
- (cigarettes)



For how long have you smoked [prnt\_qty\_pack\_yrs]  
cigarettes [prnt\_freq\_pack\_yrs] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- 100

(Specify days/weeks/months/years in the next question)

---

Please specify the units (days/weeks/months/years) for the previous question from drop-down list

- days
- weeks
- months
- years

---

Looking at your entire smoking history as a whole, how many times did you abstain from smoking cigarettes for a period of more than 3 months?

- 1
- 2
- 3
- 4
- 5
- 6-10
- >10

---

**Considering all of your years smoking since the age that you started, the following questions will ask you for an average of cigarettes daily, weekly, monthly or yearly, whichever applies to you. We're looking for one number that represents your best estimate over this period of time.**

Please specify the average frequency of total cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the average quantity of total [pstfreq\_pack\_yrs1] cigarettes smoked.

\*In Canada, most packs sold have 20 cigarettes.

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- 100  
(cigarettes)

---

How many total years have you smoked cigarettes?

This does not include years that you stopped or quit smoking.

---

Any additional information not captured above in regards to cigarette smoking?

---

**End of current smoking questions.**

Prior to smoking [prcnt\_qty\_pack\_yrs] cigarettes [prcnt\_freq\_pack\_yrs] for [prcnt\_dur\_pack\_yrs] [prcnt\_dur\_un\_pack\_yrs], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

For how long have you smoked [pstqty\_pack\_yrs1]  
cigarettes [pstfreq\_pack\_yrs1] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs1] cigarettes [pstfreq\_pack\_yrs1] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of cigarettes change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

---

Prior to smoking [pstqty\_pack\_yrs1] cigarettes [pstfreq\_pack\_yrs1] for [pstdur\_pack\_yrs1] [pstdur\_un\_pack\_yrs1], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs2] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for [pstdur\_pack\_yrs2] [pstdur\_un\_pack\_yrs2], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs3] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs3]  
cigarettes [pstfreq\_pack\_yrs3] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs3] cigarettes [pstfreq\_pack\_yrs3] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs3] cigarettes [pstfreq\_pack\_yrs3] for [pstdur\_pack\_yrs3] [pstdur\_un\_pack\_yrs3], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs4] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs4]  
cigarettes [pstfreq\_pack\_yrs4] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs4] cigarettes [pstfreq\_pack\_yrs4] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
  - weeks
  - months
  - years
- 

Prior to smoking [pstqty\_pack\_yrs4] cigarettes [pstfreq\_pack\_yrs4] for [pstdur\_pack\_yrs4] [pstdur\_un\_pack\_yrs4], how would you describe your past cigarette use?

Select one

- More before
  - Less before
  - None before
  - Don't know / Don't remember
  - Prefer not to answer
- 

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs5] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs5]  
cigarettes [pstfreq\_pack\_yrs5] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs5] cigarettes [pstfreq\_pack\_yrs5] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs5] cigarettes [pstfreq\_pack\_yrs5] for [pstdur\_pack\_yrs5] [pstdur\_un\_pack\_yrs5], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs6] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs6]  
cigarettes [pstfreq\_pack\_yrs6] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs6] cigarettes [pstfreq\_pack\_yrs6] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
  - weeks
  - months
  - years
- 

Prior to smoking [pstqty\_pack\_yrs6] cigarettes [pstfreq\_pack\_yrs6] for [pstdur\_pack\_yrs6] [pstdur\_un\_pack\_yrs6], how would you describe your past cigarette use?

Select one

- More before
  - Less before
  - None before
  - Don't know / Don't remember
  - Prefer not to answer
- 

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs7] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs7]  
cigarettes [pstfreq\_pack\_yrs7] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs7] cigarettes [pstfreq\_pack\_yrs7] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs7] cigarettes [pstfreq\_pack\_yrs7] for [pstdur\_pack\_yrs7] [pstdur\_un\_pack\_yrs7], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs8] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs8]  
cigarettes [pstfreq\_pack\_yrs8] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs8] cigarettes [pstfreq\_pack\_yrs8] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs8] cigarettes [pstfreq\_pack\_yrs8] for [pstdur\_pack\_yrs8] [pstdur\_un\_pack\_yrs8], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs9] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs9]  
cigarettes [pstfreq\_pack\_yrs9] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs9] cigarettes [pstfreq\_pack\_yrs9] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs9] cigarettes [pstfreq\_pack\_yrs9] for [pstdur\_pack\_yrs9] [pstdur\_un\_pack\_yrs9], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs10] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
  - weeks
  - months
  - years
- 

Prior to smoking [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for [pstdur\_pack\_yrs10] [pstdur\_un\_pack\_yrs10], how would you describe your past cigarette use?

Select one

- More before
  - Less before
  - None before
  - Don't know / Don't remember
  - Prefer not to answer
- 

Have you ever drank alcohol? If so, did you drink alcohol within the last 3 months?

- Yes, within 3 months
- Yes, but more than 3 months ago
- No, never

How old were you when you first started drinking?

- Don't know
- Prefer not to answer
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Please specify the frequency of current alcohol use  
Select one

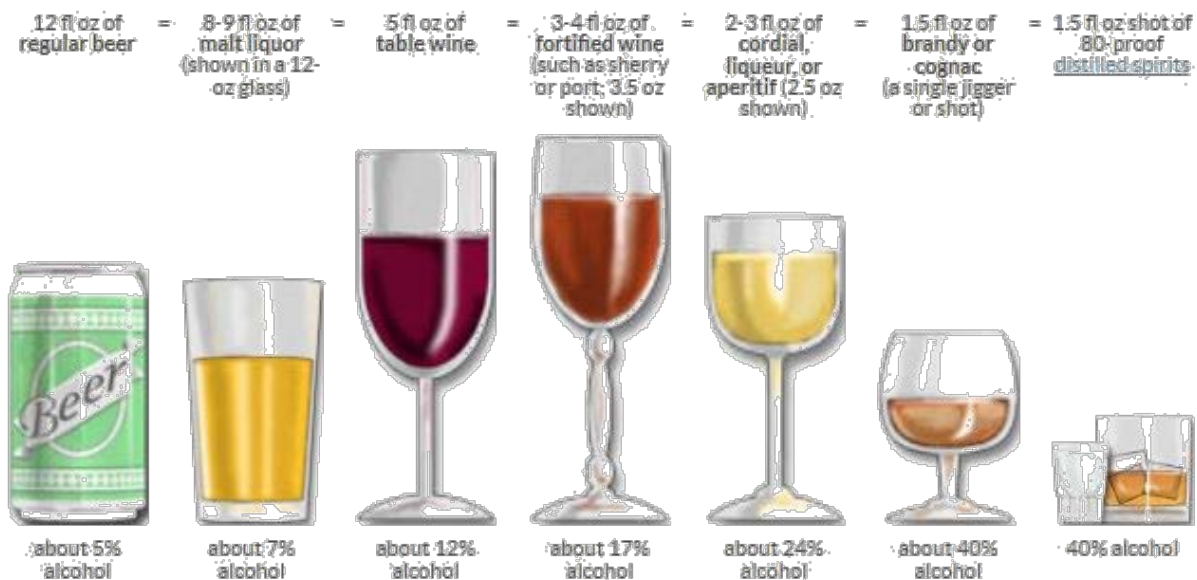
- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks



Please specify the quantity of current  
[prnt\_freq\_drnk\_yrs] alcohol use

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  - 100
- (drinks)

For how long have you drank [prsnt\_qty\_drnk\_yrs]  
drinks of alcohol [prsnt\_freq\_drnk\_yrs] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

Please specify the units (days/weeks/months/years) for the previous question from drop-down list

- days
- weeks
- months
- years

**Considering all of your years drinking alcohol between now and the age that you started, we'd like to ask you for an average of drinks daily, weekly, monthly or yearly whichever is accurate for you. We're looking for one number that represents your best estimate over your entire drinking history.**

Please specify the average frequency of total alcohol use?  
Select one

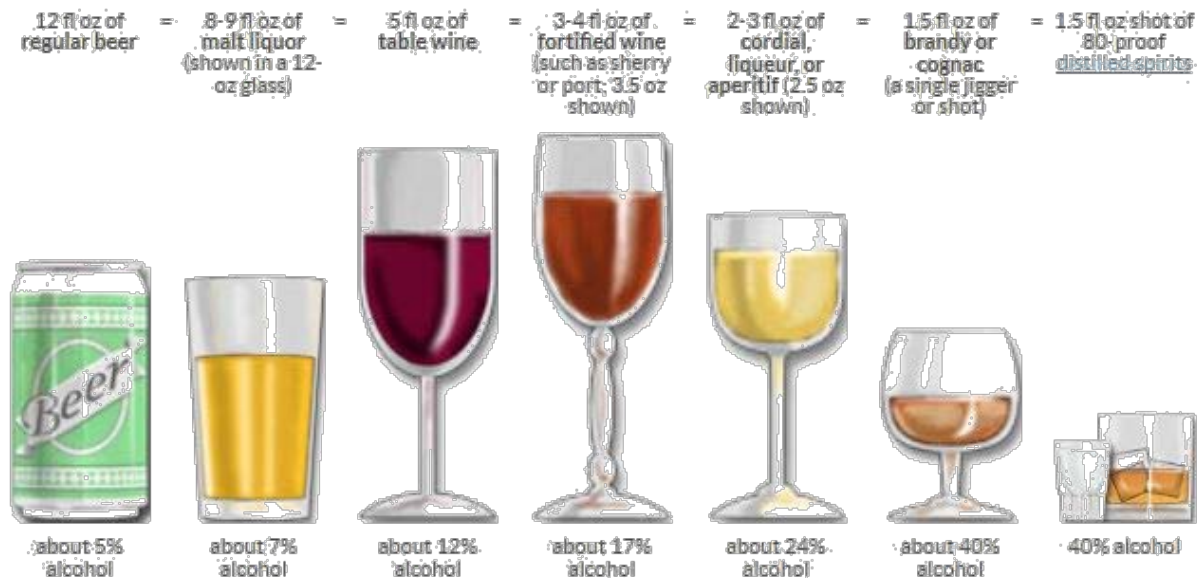
- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks



Please specify the average quantity of total  
[pstfreq\_drnk\_yrs1] alcohol use

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- 100  
(drinks)

---

How many total years have you drank alcohol?

\_\_\_\_\_

---

Any additional information not captured above in regards to alcohol use

\_\_\_\_\_

---

**End of current alcohol section**

Prior to drinking [prcnt\_qty\_drnk\_yrs] drinks [prcnt\_freq\_drnk\_yrs] for [prcnt\_dur\_drnk\_yrs] [prcnt\_dur\_un\_drnk\_yrs], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

For how long did you drink [pstqty\_drnk\_yrs1] drinks  
of alcohol [pstfreq\_drnk\_yrs1] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs1] drinks of alcohol [pstfreq\_drnk\_yrs1] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of alcohol change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

---

Prior to drinking [pstqty\_drnk\_yrs1] drinks [pstfreq\_drnk\_yrs1] for [pstdur\_drnk\_yrs1] [pstdur\_un\_drnk\_yrs1], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Don't know
  - Prefer not to answer
- 

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs2] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs2] drinks  
of alcohol [pstfreq\_drnk\_yrs2] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- (Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs2] drinks of alcohol [pstfreq\_drnk\_yrs2] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs2] drinks [pstfreq\_drnk\_yrs2] for [pstdur\_drnk\_yrs2] [pstdur\_un\_drnk\_yrs2], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs3] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs3] drinks  
of alcohol [pstfreq\_drnk\_yrs3] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- (Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs3] drinks of alcohol [pstfreq\_drnk\_yrs3] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs3] drink(s) [pstfreq\_drnk\_yrs3] for [pstdur\_drnk\_yrs3] [pstdur\_un\_drnk\_yrs3], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs4] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs4] drink(s)  
of alcohol [pstfreq\_drnk\_yrs4] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs4] drink(s) of alcohol [pstfreq\_drnk\_yrs4] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs4] drinks [pstfreq\_drnk\_yrs4] for [pstdur\_drnk\_yrs4] [pstdur\_un\_drnk\_yrs4], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs5] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs5] drink(s)  
of alcohol [pstfreq\_drnk\_yrs5] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs5] drink(s) of alcohol [pstfreq\_drnk\_yrs5] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs5] drink(s) [pstfreq\_drnk\_yrs5] for [pstdur\_drnk\_yrs5] [pstdur\_un\_drnk\_yrs5], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs6] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs6] drink(s)  
of alcohol [pstfreq\_drnk\_yrs6] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs6] drink(s) of alcohol [pstfreq\_drnk\_yrs6] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs6] drink(s) [pstfreq\_drnk\_yrs6] for [pstdur\_drnk\_yrs6] [pstdur\_un\_drnk\_yrs6], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs7] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs7] drink(s)  
of alcohol [pstfreq\_drnk\_yrs7] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs7] drink(s) of alcohol [pstfreq\_drnk\_yrs7] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs7] drink(s) [pstfreq\_drnk\_yrs7] for [pstdur\_drnk\_yrs7] [pstdur\_un\_drnk\_yrs7], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs8] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs8] drink(s)  
of alcohol [pstfreq\_drnk\_yrs8] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long did you drink [pstqty\_drnk\_yrs8] drink(s) of alcohol [pstfreq\_drnk\_yrs8] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs8] drink(s) [pstfreq\_drnk\_yrs8] for [pstdur\_drnk\_yrs8] [pstdur\_un\_drnk\_yrs8], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs9] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs9] drink(s)  
of alcohol [pstfreq\_drnk\_yrs9] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs9] drink(s) of alcohol [pstfreq\_drnk\_yrs9] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs9] drink(s) [pstfreq\_drnk\_yrs9] for [pstdur\_drnk\_yrs9] [pstdur\_un\_drnk\_yrs9], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs10] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs10]  
drink(s) of alcohol [pstfreq\_drnk\_yrs10] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs10] drink(s) of alcohol [pstfreq\_drnk\_yrs10] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs10] drinks [pstfreq\_drnk\_yrs10] for [pstdur\_drnk\_yrs10] [pstdur\_un\_drnk\_yrs10], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

**Are you currently using or have you ever used any of the following substances? Select all that apply.**

	Daily	Weekly	Monthly	Yearly	Less than once a year	No current use (past 3 months), but has used and quit in the past	No current use, but tried once in the past	Never - no current or past use	Don't know	Prefer not to answer
Tobacco (ALTERNATE forms other than smoking cigarettes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana - CBD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana - THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dust, horse, junk, down, or downtown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin + Cocaine (speedballs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine alone (uptown, up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (rock, freebase cocaine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, jib, gak)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dilaudid (hydromorphone, hydrochloride)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OxyContin/OxyCodone/OxyNeo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methadone (methadose)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talwin & Ritalin (T&Rs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3s T4s (codeine) or any over-the-counter drug containing codeine not as prescribed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy equivalent (x-tasy, E.X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gabapentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDA (Sassafras, Sally)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed (amphetamines, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acid (LSD, PCP, angel dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms (magic mushrooms, mush)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ketamine (special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl or Carfentanil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next section will ask about current frequency or past duration of use for each individual substance indicated above. We are looking for numbers that represent your best estimate.**

Please specify the frequency of your past tobacco use (alternate forms other than smoking cigarettes).

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

How many total years have you used tobacco (alternate forms other than smoking cigarettes)?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

Please specify the frequency of your past marijuana (CBD) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

How many total years have you used marijuana (CBD)?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

Please specify the frequency of your past marijuana (THC) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

How many total years have you used marijuana (THC)?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

Please specify the frequency of your past heroin use

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used heroin?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past heroin + cocaine (speedballs) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used heroin + cocaine (speedballs)?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past cocaine use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used cocaine?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past crack use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used crack?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past methamphetamine (crystal meth, ice, jib, gak) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used methamphetamine (crystal meth, ice, jib, gak)?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past benzodiazepine use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used benzodiazepine?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past dilaudid (hydromorphone, hydrochloride) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used dilaudid (hydromorphone, hydrochloride)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past OxyContin/ OxyCodone/ OxyNeo use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used OxyContin/ OxyCodone/ OxyNeo?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past morphine use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used morphine?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past methadone (methadose) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used methadone (methadose)?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past talwin & ritalin (T&Rs) use.

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year
  - Don't know
  - Prefer not to answer
- 

How many total years have you used talwin & ritalin (T&Rs)?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past use of T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed.

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year
  - Don't know
  - Prefer not to answer
- 

How many total years have you used T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past ecstasy equivalent x-tasy, E.X) use.

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year
  - Don't know
  - Prefer not to answer
- 

How many total years have you used ecstasy equivalent x-tasy, E.X)?

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past gabapentin use.

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year
  - Don't know
  - Prefer not to answer
- 

How many total years have you used gabapentin?

(This does not include years where you stopped or quit. )



---

Please specify the frequency of your past MDA (Sassafras, Sally) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used MDA (Sassafras, Sally)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past speed (amphetamines, uppers) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used speed (amphetamines, uppers)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past acid (LSD, PCP, angel dust) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used acid (LSD, PCP, angel dust)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past mushrooms (magic mushrooms, mush) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used mushrooms (magic mushrooms, mush)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past ketamine (special K) use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used ketamine (special K)?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past sleeping pills use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used sleeping pills?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

Please specify the frequency of your past fentanyl or carfentanil use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used fentanyl or carfentanil?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

Please specify the "other" drug, you indicated you use

\_\_\_\_\_

---

Please specify the frequency of your past [substothespec] use.

- Daily
- Weekly
- Monthly
- Yearly
- Less than once a year
- Don't know
- Prefer not to answer

---

How many total years have you used [substothespec]?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

Do you vape (also known as smoking e-cigarettes)?

- Yes
- No
- Don't know
- Prefer not to answer

---

Please select the substance(s) in your e-liquid or e-juice

- Nicotine
- THC
- CBD
- Other
- Don't know
- prefer not to answer

---

Please specify other

---

How often do you use your e-cigarette / vape?

- Daily
- Weekly
- Monthly
- Less than once a month, but more than once a year
- Less than once a year
- Don't know
- Prefer not to answer

---

Did your use of e-cigarette/vape change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

---

Have you ever experienced an overdose?  
Select on

- Yes
- No
- Don't know
- Prefer not to answer

How many overdoses have you experienced in the last 6 months?

Indicate number:

- Don't know
- Prefer not to answer
- 0
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**These next questions ask about your experiences of discrimination in your day-to-day life due to your use of illegal drugs (i.e., heroin, cocaine) or legal drugs (i.e. prescription) not in the manner they were prescribed. Please think carefully, and do your best to answer each question.**

**Select one per row.**

**The following nine questions are part of a validated survey.**

	Not at all	Just a little	Somewhat	Very much	Prefer not to answer
a. How much do you feel that you need to hide your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much do you feel ashamed of using drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How much do you feel people avoid you because you use drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- d. How much do you fear you will lose your friends because you use drugs?
- e. How much do you fear family will reject you because you use drugs?
- f. How much do you think drug use is a punishment for something?
- g. How much do you feel that people do not want you around their children because you use drugs?
- h. How much do you think other people are uncomfortable being around you because you use drugs?
- i. How much do you think health care providers are uncomfortable treating you because you use drugs?

---

Confirmed Current Opiate User

### End of current substance use section

Please specify the quantity of current [subst\_cbd] marijuana (CBD) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

Please specify the route of current marijuana (CBD) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_cbd] [curr\_qty\_cbd] of marijuana (CBD) [subst\_cbd] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_cbd] [curr\_qty\_cbd] of marijuana (CBD) [subst\_cbd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current marijuana (CBD) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past marijuana (CBD) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer



---

Please specify the route of past marijuana (CBD) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_cbd] marijuana (CBD)  
[pstfreq\_cbd] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_cbd] marijuana (CBD) [pstfreq\_cbd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of marijuana (CBD) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_thc] marijuana (THC) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current marijuana (THC) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_thc] [curr\_qty\_thc] of marijuana (THC) [subst\_thc] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_thc] [curr\_qty\_thc] of marijuana (THC) [subst\_thc] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current marijuana (THC) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past marijuana (THC) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past marijuana (THC) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_thc] marijuana (THC) [pstfreq\_thc] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_thc] marijuana (THC) [pstfreq\_thc] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of marijuana (THC) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_heroin] heroin use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current heroin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_heroin]  
[curr\_qty\_heroin] of heroin [subst\_heroin] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_heroin]  
[curr\_qty\_heroin] of heroin [subst\_heroin] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current heroin use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past heroin use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past heroin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_heroin] heroin  
[pstfreq\_heroin] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_heroin] heroin [pstfreq\_heroin] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of heroin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_spdblls] heroin + cocaine (speedballs) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current heroin + cocaine (speedballs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_spdblls]  
[curr\_qty\_spdblls] of heroin + cocaine (speedballs)  
[subst\_spdblls] for?  
  
Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_spdbls] [curr\_qty\_spdbls] of heroin + cocaine (speedballs) [subst\_spdbls] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current heroin + cocaine (speedballs) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past heroin + cocaine (speedballs) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past heroin + cocaine (speedballs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_spdblls] heroin + cocaine (speedballs) [pstfreq\_spdblls] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

For how long did you [pstrt\_spdblls] heroin + cocaine (speedballs) [pstfreq\_spdblls] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

Did your use of heroin + cocaine (speedballs) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

Please specify the quantity of current [subst\_cocn] cocaine (uptown, up) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

Please specify the route of current cocaine (uptown, up) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_cocn] [curr\_qty\_cocn]  
of cocaine [subst\_cocn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- (Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_cocn] [curr\_qty\_cocn] of cocaine [subst\_cocn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Please specify the route of past cocaine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

---

Compared to your current cocaine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cocaine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

For how long did you [pstrt\_cocn] cocaine  
[pstfreq\_cocn] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_cocn] cocaine [pstfreq\_cocn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of cocaine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_crck] crack (rock, freebase cocaine) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current crack (rock, freebase cocaine) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_crck] [curr\_qty\_crck]  
of crack [subst\_crck] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_crck] [curr\_qty\_crck] of crack [subst\_crck] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current crack use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past crack use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past crack use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_crck] crack [pstfreq\_crck] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_crck] crack [pstfreq\_crck] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of crack change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_meth] methamphetamine (crystal meth, ice, jib, gak) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current methamphetamine (crystal meth, ice, jib, gak) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_meth] [curr\_qty\_meth]  
of methamphetamine [subst\_meth] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_meth] [curr\_qty\_meth] of methamphetamine [subst\_meth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current methamphetamine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past methamphetamine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past methamphetamine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_meth] methamphetamine  
[pstfreq\_meth] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_meth] methamphetamine [pstfreq\_meth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of methamphetamine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_benzo] benzodiazepine use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current benzodiazepine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_benzo] [curr\_qty\_benzo]  
of benzodiazepine [subst\_benzo] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_benzo] [curr\_qty\_benzo] of benzodiazepine [subst\_benzo] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current benzodiazepine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past benzodiazepine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past benzodiazepine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_benzo] benzodiazepine  
[pstfreq\_benzo] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_benzo] benzodiazepine [pstfreq\_benzo] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of benzodiazepine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_dildd] dilaudid (hydromorphone, hydrochloride) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current dilaudid (hydromorphone, hydrochloride) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_dildd] [curr\_qty\_dildd]  
of dilaudid [subst\_dildd] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_dildd] [curr\_qty\_dildd] of dilaudid [subst\_dildd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current dilaudid use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past dilaudid use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past dilaudid use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_dildd] dilaudid  
[pstfreq\_dildd] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_dildd] dilaudid [pstfreq\_dildd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of dilaudid change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_oxy] OxyContin/OxyCodone/OcyNeo use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current OxyContin/OxyCodone/OcyNeo use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_oxy] [curr\_qty\_oxy] of  
OxyContin/OxyCodone/OxyNeo [subst\_oxy] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_oxy] [curr\_qty\_oxy] of OxyContin/OxyCodone/OcyNeo [subst\_oxy] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current OxyContin/OxyCodone/OcyNeo use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past OxyContin/OxyCodone/OcyNeo use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past OxyContin/OxyCodone/OcyNeo use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_oxy]  
OxyContin/OxyCodone/OxyNeo [pstfreq\_oxy] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

For how long did you [pstrt\_oxy]  
OxyContin/OxyCodone/OcyNeo [pstfreq\_oxy] for?  
Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

Did your use of OxyContin/OxyCodone/OcyNeo change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

Please specify the quantity of current [subst\_morph]  
morphine use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

Please specify the route of current morphine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_morph] [curr\_qty\_morph]  
of morphine [subst\_morph] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_morph] [curr\_qty\_morph] of morphine [subst\_morph] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current morphine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past morphine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past morphine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_morph] morphine  
[pstfreq\_morph] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_morph] morphine [pstfreq\_morph] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of morphine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_methdn] methadone (methadose) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current methadone (methadose) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_methdn]  
[curr\_qty\_methdn] of methadone (methadose)  
[subst\_methdn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_methdn] [curr\_qty\_methdn] of methadone (methadose) [subst\_methdn] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current methadone use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of methadone (methadose) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past methadone (methadose) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_methdn] methadone  
(methadose) [pstfreq\_methdn] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_methdn] methadone (methadose) [pstfreq\_methdn] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of methadone (methadose) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_tr] talwin & ritalin (T&Rs) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current talwin & ritalin (T&Rs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_tr] [curr\_qty\_tr] of  
talwin & ritalin (T&Rs) [subst\_tr] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_tr] [curr\_qty\_tr] of talwin & ritalin (T&Rs) [subst\_tr] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current talwin & ritalin (T&Rs) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past talwin & ritalin (T&Rs) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past talwin & ritalin (T&Rs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_tr] talwin & ritalin  
(T&Rs) [pstfreq\_tr] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_tr] talwin & ritalin (T&Rs) [pstfreq\_tr] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of talwin & ritalin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine use

\_\_\_\_\_  
(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current T3s T4s (codeine) or any over-the-counter drug containing codeine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_codeine]  
[curr\_qty\_codeine] of T3s T4s (codeine) or any  
over-the-counter drug containing codeine  
[subst\_codeine] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_codeine]  
[curr\_qty\_codeine] of T3s T4s (codeine) or any  
over-the-counter drug containing codeine  
[subst\_codeine] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down  
list

---

Compared to your current T3s T4s (codeine) or any  
over-the-counter drug containing codeine use, how  
would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of T3s T4s (codeine) or  
any over-the-counter drug containing codeine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past T3s T4s (codeine) or  
any over-the-counter drug containing codeine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine [pstfreq\_codeine] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine [pstfreq\_codeine] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of T3s T4s (codeine) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_ecst] ecstasy equivalent (x-tasy, E.X.) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current ecstasy (x-tasy, E.X.) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_ecst] [curr\_qty\_ecst]  
of ecstasy [subst\_ecst] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_ecst] [curr\_qty\_ecst] of ecstasy [subst\_ecst] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current ecstasy use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past ecstasy use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past ecstasy use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_ecst] ecstasy  
[pstfreq\_ecst] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_ecst] ecstasy [pstfreq\_ecst] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of ecstasy change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_gabaptn] gabapentin use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current gabapentin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_gabaptn]  
[curr\_qty\_gabaptn] of gabapentin [subst\_gabaptn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_gabaptn] [curr\_qty\_gabaptn] of gabapentin [subst\_gabaptn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current gabapentin use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past gabapentin use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past gabapentin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_gabaptn] gabapentin [pstfreq\_gabaptn] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_gabaptn] gabapentin [pstfreq\_gabaptn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of gabapentin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_mda] MDA use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current MDA use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_mda] [curr\_qty\_mda] of  
MDA [subst\_mda] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_mda] [curr\_qty\_mda] of MDA [subst\_mda] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current MDA use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past MDA use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past MDA use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_mda] MDA [pstfreq\_mda] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_mda] MDA [pstfreq\_mda] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of MDA change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_spd] speed (amphetamine, uppers) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current speed (amphetamines, uppers) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_spd] [curr\_qty\_spd] of speed [subst\_spd] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_spd] [curr\_qty\_spd] of speed [subst\_spd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current speed use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past speed use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past speed use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_spd] speed [pstfreq\_spd] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_spd] speed [pstfreq\_spd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of speed change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_acid] acid (LSD, PCP, angel dust) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current acid (LSD, PCP, angel dust) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_acid] [curr\_qty\_acid]  
of acid [subst\_acid] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_acid] [curr\_qty\_acid] of acid [subst\_acid] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current acid use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past acid use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past acid use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_acid] acid [pstfreq\_acid] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_acid] acid [pstfreq\_acid] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of acid change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_mshrms] mushrooms (magic mushrooms, mush) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current mushrooms (magic mushrooms, mush) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_mshrms]  
[curr\_qty\_mshrms] of mushrooms [subst\_mshrms] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_mshrms]  
[curr\_qty\_mshrms] of mushrooms [subst\_mshrms] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current mushrooms use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past mushrooms use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past mushrooms use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_mshrms] mushrooms  
[pstfreq\_mshrms] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_mshrms] mushrooms [pstfreq\_mshrms] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of mushrooms change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_ketmn] ketamine (special K) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)



For how long have you [curr\_rt\_ketmn] [curr\_qty\_ketmn]  
of ketamine (special K) [subst\_ketmn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_ketmn] [curr\_qty\_ketmn] of ketamine (special K) [subst\_ketmn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current ketamine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the route of current ketamine (special K) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

---

Please specify the frequency of past ketamine (special K) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past ketamine (special K)  
use

Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_ketmn] ketamine (special K) [pstfreq\_ketmn] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_ketmn] ketamine (special K) [pstfreq\_ketmn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of ketamine (special k) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_sleeping pills] sleeping pills use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current sleeping pills use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_slping\_plls]  
[curr\_qty\_slping\_plls] of sleeping pills  
[subst\_slping\_plls] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_slping\_plls] [curr\_qty\_slping\_plls] of sleeping pills [subst\_slping\_plls] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current sleeping pills use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past sleeping pills use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past sleeping pills use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_slping\_plls] sleeping pills [pstfreq\_slping\_plls] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_slping\_plls] sleeping pills [pstfreq\_slping\_plls] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of sleeping pills change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_fentnl] fentanyl or carfentanil use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current fentanyl or carfentanil use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_fentnl]  
[curr\_qty\_fentnl] of fentanyl or carfentanil  
[subst\_fentnl] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

Compared to your current fentanyl or carfentanil use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

For how long have you [curr\_rt\_fentnl] [curr\_qty\_fentnl] of fentanyl or carfentanil [subst\_fentnl] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Please specify the frequency of past fentanyl or carfentanil use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

For how long did you [pstrt\_fentnl] fentanyl or  
carfentanil [pstfreq\_fentnl] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long did you [pstrt\_fentnl] fentanyl or carfentanil [pstfreq\_fentnl] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of fentanyl or carfentanil change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [substoht] [substohtspec] use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current [substohtspec] use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rtothspec] [curr\_qtyoth]  
of [substothespec] [substothe] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rtothspec] [curr\_qtyoth] of [substothespec] [substothe] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current [substothespec] use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past [substothespec] use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past [substothespec] use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_oth] [substothespec]  
[pstfreq\_oth] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_oth] [substothespec] [pstfreq\_oth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of [substothespec] change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Did your use of substances (other than smoking cigarettes or drinking alcohol) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

# BCC3 Demographics - Community

Please complete the survey below.

Thank you!

**Welcome back to the BCC3 study! The survey you will complete today is a continuation of the survey you completed in your clinical study visit. We will ask you questions about your food security, incarceration, sleep, oral health, physical health, sexual health, experiences of discrimination and violence, social support, emotional wellbeing, and resilience. Please remember that your answers are confidential and private. If there are any questions that you would prefer not to answer, you are welcome to select "prefer not to answer".**

**Your answers are very important to allow us to better understand the holistic health and wellbeing of women. Thank you for your time!**

Today's Date (date of community visit): \_\_\_\_\_

This first section will ask you questions related to social determinants of health such as food security, how many children are under your care, and incarceration.

## The following four questions are part of a validated survey.

Which of the following statements best describes the food eaten in your household in the past 12 months, that is since the current month of last year?  
Select one

- In the past 12 months, you and other household members always had enough of the kinds of food you wanted to eat
- In the past 12 months, you and other household members had enough to eat, but not always the kinds of food you want
- Sometimes you and other household members did not have enough to eat
- Often you and other household members didn't have enough to eat
- Don't know
- Prefer not to answer

**Now I'm going to read you several statements that may be used to describe the food situation for your household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.**

**Select one per row**

	Often True	Sometimes True	Never True	Prefer not to answer
In the past 12 months, you and other household members worried that food would run out before you got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, the food that you and other household members bought just didn't last, and there wasn't any money to get more.

In the past 12 months, you and other household members couldn't afford to eat balanced meals.

**This next section is about your children, including those in your care and those that may not be. In this study, we are hoping to better understand the complex associations between women's health and their personal life experiences. There is no disrespect or discrimination intended with these questions. You can stop or take a break at any time.**

How many children do you have?

Please include all living children, biological and adopted, whether they live with you or not.

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How many children under the age of 18 are currently under your care?

Please include all children under your care, whether they are related to you or otherwise. This includes children that live with you and those who may not live with you but you financially support

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

**The following questions are in regards to incarceration.**

Have you ever been incarcerated\*, or held in custody overnight or longer, in Canada?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

\*incarceration refers to the state of being confined in prison/jail; imprisonment.

In the last year, have you been incarcerated, or held in custody overnight or longer, in Canada?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

The last time you were incarcerated, how long were you incarcerated for (in total)?  
Select one

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

ONLY indicate THE NUMBER of days/weeks/months/years & then specify units in the next question

The last time you were incarcerated, how long were you incarcerated for (in total)?  
Select one

- Year(s)  
 Month(s)  
 Week(s)  
 Day(s)  
 Don't know [Exclusive]  
 Prefer not to answer

Indicate unit days/weeks/months/years

---

Do you currently have any "Red Zones"\* or restrictions that affect where you can go?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

\*A Red Zone is a region that is forbidden, or in which a particular activity is prohibited.

---

Have these restrictions affected where you can access healthcare services?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

# BCC3 Sleep and Oral Health

Please complete the survey below.

Thank you!

## The following section includes a series of questions about your sleep and oral health.

Night sweats are hot flushes which occur during sleep. How often in the last TWO WEEKS, have you experienced hot flushes during the time when you were sleeping? Select one

- Never
- Once or twice
- Three to five times
- More than five times but less than every night
- Once a night
- More than once most nights

If you have experienced any night sweats or night time hot flushes in the last two weeks, please grade their usual severity

Select one

- 1. mild warm feeling
- 2. moderate hot feeling, sweat or flush
- 3. moderately severe hot feeling often with sweating on half of your body
- 4. a major hot feeling often with sweating on most of your body
- Don't know
- Prefer not to answer

How much are you usually bothered by night sweats?

- A lot
- Moderately
- A little
- Not at all
- Don't know
- Prefer not to answer

Do they (night sweats or night time hot flushes) come at any particular time in your menstrual cycle?

- Yes
- No, not timed with menstrual cycle
- No, menstrual cycle is irregular
- Not applicable (don't menstruate)
- Don't know
- Prefer not to answer

If yes, when?

Select all that apply

- During flow
- Before flow
- After flow
- At the time of ovulation
- Don't know
- Prefer not to answer

How satisfied or dissatisfied are you with your current sleep pattern? Select one

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Don't know/no answer
- Refused/prefer not to answer

During the past month, on average, how many hours of actual sleep did you get at night?

(This may be different than the numbers of hours you spend in bed.)

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

In the past 3 months, have you noticed changes in your sleep? If yes, please indicate which of the following is MOST changed.

- No changes
- Yes, waking early
- Yes, mid-sleep awakening
- Yes, problems falling asleep
- Yes, getting more sleep

---

Has a doctor ever told you that you have a sleep disorder (i.e. sleep apnea, restless legs, insomnia)?

- Yes
- No
- Don't know
- Prefer not to answer

---

Do you take/use anything for sleep?

Please select all that apply.

- NONE
- Melatonin
- Teas
- Cannabis
- Music
- Yoga
- Meditation
- Sleeping pills
- Other
- Don't know
- Prefer not to answer

---

Please specify other

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---

In general, would you say the health of your mouth is excellent, very good, good, fair or poor?  
Select one

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/no answer
- Refused/prefer not to answer

---

Do you use a CPAP or mouthguard/mouth devices\*?  
Select one

\*sleeping devices for sleep apnea

- Yes
- No
- Don't know
- Prefer not to answer

---

Do you have one or more of your own original teeth?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Do you wear dentures or false teeth?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

In the past 12 months have you experienced any of the following?

Select all that apply

- Toothache
- Cannot chew adequately
- Swelling in your mouth
- Tooth-decay (caries)/cavities
- Natural tooth loose
- Natural tooth broken
- Gums around natural teeth are sore
- Lost or stolen dentures
- Thrush
- Canker sores
- Herpes (cold sores)
- None
- Other (please specify)
- Don't know
- Prefer not to answer

---

Please specify "other"

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---

Has your dentist ever checked you for oral cancer?

During an oral cancer screening exam, your dentist looks in your mouth to check for patches or mouth sores. Using gloved hands, your dentist also feels the tissues in your mouth to check for lumps or other abnormalities. The dentist may also examine your throat and neck for lumps.

Select one

- Yes
- No
- Don't know
- Prefer not to answer

# BCC3 Women's Sexual Health

Please complete the survey below.

Thank you!

---

The next section includes some personal questions about your sexuality, which may apply whether you are currently in a sexual relationship, having sex, or not. Please remember that your responses are confidential and anonymous. Nobody will know these are YOUR answers. I can guide you through these questions or you can complete them on your own. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

---

Is it okay if I continue guiding you through the questions in this section? If you would like to complete this section by yourself, that's okay too. How would you like to proceed?  
Select one

- I'd prefer to complete this section myself
- I'd prefer to complete this section together
- I'd prefer to skip this entire section

---

Have you ever had consensual sex? This includes any type of sexual intercourse you willingly engaged in, including getting or giving oral sex, vaginal sex, and/or anal sex with people of any gender.  
Select one

- Yes
- No
- Prefer not to answer

---

How old were you the first time you had consensual sex?

Indicate age in years.

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

In the past 6 months, have you been involved in any type of intimate relationship, whether it included sex or not?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer



Which of the following best describes the relationship(s) you have been involved in, in the past 6 months?

Please note:

- If you've had more than one romantic or intimate relationship in the past 6 months, please think about your relationship with the person you consider your primary partner.
- If you think multiple terms apply, please select the one you feel represents your relationship the best (e.g., think about how you would talk about it to others or yourself).

Select one

- Married or common-law\* relationship (Husband/wife/spouse/partner relationship)
- "Partner" relationship but not married or common-law\*
- "Boyfriend/girlfriend" relationship
- Dating but not officially in a relationship
- "On and off again" relationship
- "Friend with benefits" relationship (i.e., sex/intimacy between friends without monogamy/commitment)
- "Booty call" relationship (i.e., a late-night sexual encounter arranged for the purpose of sex/intimacy)
- One-night stand (i.e., a sexual relationship lasting only one night without expectations of further relations, often a stranger such as someone you meet at a bar)
- Casual sexual relationship (i.e., distinct from a one-night stand, with more regular sexual relations but no romantic involvement/commitment, and not necessarily just at night or with a friend)
- Transactional relationship (i.e., refers to sexual relationships where the giving of gifts, money, shelter, drugs, food, clothes, or services in return for sex/intimacy is an important factor)
- Polyamory (i.e., an intimate relationship involving multiple partners, all of whom are aware/consenting)
- Swinging/open relationship (i.e., a committed relationship with non-monogamous behaviour, where singles or partners are allowed to have sex with other people as a recreational or social activity)
- Affair relationship
- Other, please specify \_\_\_\_\_
- Don't know
- Prefer not to answer

Please specify "other"

\_\_\_\_\_

Has your relationship status changed as a result of the COVID-19 pandemic?

- No change: I had a partner before the pandemic and have the same partner now.
- No change: I didn't have a partner before and don't have a partner now.
- Yes: I have a new partner or started a new relationship since the pandemic
- Yes: I now live with my partner.
- Yes: I no longer live with my partner.
- Yes: My relationship ended.
- Other, please specify \_\_\_\_\_
- Prefer not to answer

Please specify 'Other'

\_\_\_\_\_

In what ways has the COVID-19 pandemic affected your intimate relationship and/or sexual well-being since the COVID-19 restrictions were introduced? (select all that apply)

- It's more difficult to meet new partners
- I have not tried to meet new partners.
- I have participated in online dating to a greater extent
- I have deliberately not had sexual contact with new partners due to COVID-19 restrictions.
- I have ended/not pursued a relationship due to COVID-19 restrictions.
- I have experienced challenges accessing sexual health services
- I have experienced challenges accessing contraception
- The COVID-19 pandemic has not affected my intimate relationships
- The COVID-19 pandemic has not affected my sex life
- The COVID-19 pandemic has improved my sex life
- The COVID-19 pandemic has worsened my sex life
- Other, please specify: \_\_\_\_\_
- Not applicable
- Don't know
- Prefer not to answer

Please specify 'Other'

\_\_\_\_\_

In what ways has the COVID-19 pandemic affected your intimate relationship and/or sexual well-being since the COVID-19 restrictions were introduced? (select all that apply)

- I see my partner more
- I see my partner less
- I have experienced violence within my relationship
- I have experienced challenges accessing sexual health services
- I have experienced challenges accessing contraception
- My relationship with my intimate partner has improved
- My relationship with my intimate partner has worsened
- The COVID-19 pandemic has not affected my intimate relationships
- The COVID-19 pandemic has improved my sex life
- The COVID-19 pandemic has worsened my sex life
- The COVID-19 pandemic has not affected my sex life
- Other, please specify
- Don't know
- Prefer not to answer

Please specify 'Other'

\_\_\_\_\_

Have you had consensual sex\* in the past 6 months? This includes any type of sexual intercourse you willingly engaged in, including getting or giving oral sex, vaginal sex, and/or anal sex with people of any gender. This also includes regular partners, casual partners, or paying sex partners / clients. Select one

- Yes
- No
- Don't know
- Prefer not to answer

Has your abstinence or avoidance of sex (including oral, vaginal and/or anal sex with people of any gender) been intentional? (i.e., as in, you are actively deciding not to have sex right now)

- Yes  
 No  
 Don't know  
 Prefer not to answer

Select one

What are your reasons for not having sex?

Select all that apply

- I am worried about transmitting HIV  
 I am worried about disclosing my HIV status to a sexual partner  
 I am worried about contracting other sexually transmitted infections  
 I am worried about issues of HIV-related criminalization  
 I have a reduced or absent sex drive (i.e., no/low sexual desire)  
 I have reduced or absent sexual arousal (i.e., no/low physical response)  
 No sexual partner  
 My partner has a reduced or absent sex drive (i.e., no/low sexual desire)  
 My partner has reduced or absent sexual arousal (i.e., no/low physical response or impotent)  
 My partner is sick/not well  
 My partner is abusive/violent  
 Don't need sex/Satisfied without sex  
 Abstinence due to religious beliefs  
 Everyday stressors (e.g., work, kids, tired)  
 Depression  
 Other, please specify:  
 Don't know  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

For how many consecutive months have you abstained from sex?

Select one

- 6-12 months  
 13-24 months  
 25 or more months  
 Don't know  
 Prefer not to answer

What is the most important thing that would need to change for you to become sexually active?

Select one

- A sexual partner  
 An HIV-positive sexual partner  
 Feeling more healthy  
 Higher sex drive  
 Partner needs a higher sex drive  
 Nothing  
 Other, please specify:  
 Don't know  
 Prefer not to answer

Please specify 'Other'

\_\_\_\_\_

How many consensual regular sexual partner(s)\* have you had in the past six months?

For the purposes of this question, a regular sexual partner\* is someone (1) with whom you've had multiple sexual encounters, (2) who has filled this role for a longer period of time, and (3) with whom you do not trade goods and/or services for sexual encounters. Examples may include, but are not limited to, spouses, common law partners, long term relationships, friends with benefits, or partners who you've seen on and off for some time.

Please note, this question refers to all regular sexual relationships that have existed in the past six months, even if the relationship has since ended. It does NOT refer to casual sexual partners\* or paying sexual partners/clients\*.

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Indicate number of partners:

We're now going to ask you some questions about your last 5 consensual sex partners that you had in the last 6 months (if applicable). Let's begin with your current or most recent consensual sex partner, then we will ask the same questions about your 2nd, 3rd, 4th and 5th partner (if applicable). Remember that the information you are providing us is very important and completely confidential.

What gender\* does your current or most recent sexual partner\* currently identify with?  
Select all that apply

- Man
- Woman
- Trans man (Female to Male), including those in transition
- Trans woman (Male to Female), including those in transition
- Two-spirited
- Intersex
- Gender queer
- Other, please specify
- Don't know
- Prefer not to answer

Please specify "other"

What was this sex partner's HIV status at your last sexual encounter?  
Select one

- HIV-positive
- HIV-negative
- Don't know
- Prefer not to answer

How long have/had you been in this sexual relationship?

ONLY indicate THE NUMBER of (days/months/years) & then specify units in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

How long have/had you been in this sexual relationship?

Indicate unit (days/months/years)

- Months
- Years
- Days
- Don't know
- Prefer not to answer

In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?  
Select all that apply

- Adhering to ARVs\* to suppress my viral load
- Male condom use
- Female condom use
- PrEP (pre-exposure prophylaxis)\*
- PEP (post-exposure prophylaxis)\*
- HIV-positive partner (sero-sorting)
- No penetrative sex (i.e., avoided anal and vaginal sex)
- Other, please specify
- None
- Don't know
- Prefer not to answer

Please specify "other"

---

How much do/did you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)  
Select one

- I worry a lot
- I worry a little
- I don't really worry
- Not worried at all
- Don't know
- Prefer not to answer

How much do/did you worry about acquiring other STIs from your partner?

Select one

- I worry a lot
- I worry a little
- I don't really worry
- Not worried at all
- Don't know
- Prefer not to answer

How much do/did you worry about transmitting other STIs to your partner?  
Select one

- I worry a lot
- I worry a little
- I don't really worry
- Not worried at all
- Don't know
- Prefer not to answer

What gender\* does your 2nd most recent sexual partner\* currently identify with?  
Select all that apply

- Man
- Woman
- Trans man (Female to Male), including those in transition
- Trans woman (Male to Female), including those in transition
- Two-spirit
- Intersex
- Gender queer
- Other, please specify
- Don't know
- Prefer not to answer

Please specify "other"

---

What was this sex partner's HIV status at your last sexual encounter?  
Select one

- HIV-positive
- HIV-negative
- Don't know
- Prefer not to answer

How long have/had you been in this sexual relationship?

ONLY indicate THE NUMBER of (days/months/years) & then specify units in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How long have/had you been in this sexual relationship?

Indicate unit (days/months/years)

- Months  
 Years  
 Days  
 Don't know  
 Prefer not to answer

In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?  
Select all that apply

- Adhering to ARVs\* to suppress my viral load  
 Male condom use  
 Female condom use  
 PrEP (pre-exposure prophylaxis)\*  
 PEP (post-exposure prophylaxis)\*  
 HIV-positive partner (sero-sorting)  
 No penetrative sex (i.e., avoided anal and vaginal sex)  
 Other, please specify  
 None  
 Don't know  
 Prefer not to answer

Please specify "other"

How much do/did you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about acquiring other STIs from your partner?

Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about transmitting other STIs to your partner?  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

What gender\* does your 3rd most recent sexual partner\* currently identify with?  
Select all that apply

- Man  
 Woman  
 Trans man (Female to Male), including those in transition  
 Trans woman (Male to Female), including those in transition  
 Two-spirit  
 Intersex  
 Gender queer  
 Other, please specify  
 Don't know  
 Prefer not to answer

Please specify "other"

---

What was this sex partner's HIV status at your last sexual encounter?  
Select one

- HIV-positive  
 HIV-negative  
 Don't know  
 Prefer not to answer

How long have/had you been in this sexual relationship?

ONLY indicate THE NUMBER of (days/months/years) & then specify units in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How long have/had you been in this sexual relationship?

Indicate unit (days/months/years)

- Months  
 Years  
 Days  
 Don't know  
 Prefer not to answer

In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?  
Select all that apply

- Adhering to ARVs\* to suppress my viral load  
 Male condom use  
 Female condom use  
 PrEP (pre-exposure prophylaxis)\*  
 PEP (post-exposure prophylaxis)\*  
 HIV-positive partner (sero-sorting)  
 No penetrative sex (i.e., avoided anal and vaginal sex)  
 Other, please specify  
 None  
 Don't know  
 Prefer not to answer

Please specify "other"

---

How much do/did you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about acquiring other STIs from your partner?

Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about transmitting other STIs to your partner?

Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

What gender\* does your 4th most recent sexual partner\* currently identify with?

Select all that apply

- Man  
 Woman  
 Trans man (Female to Male), including those in transition  
 Trans woman (Male to Female), including those in transition  
 Two-spirit  
 Intersex  
 Gender queer  
 Other, please specify  
 Don't know  
 Prefer not to answer

Please specify "other"

What was this sex partner's HIV status at your last sexual encounter?

Select one

- HIV-positive  
 HIV-negative  
 Don't know  
 Prefer not to answer

How long have/had you been in this sexual relationship?

ONLY indicate THE NUMBER of (days/months/years) & then specify units in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

How long have/had you been in this sexual relationship?

Indicate unit (days/months/years)

- Months  
 Years  
 Days  
 Don't know  
 Prefer not to answer

In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?

Select all that apply

- Adhering to ARVs\* to suppress my viral load  
 Male condom use  
 Female condom use  
 PrEP (pre-exposure prophylaxis)\*  
 PEP (post-exposure prophylaxis)\*  
 HIV-positive partner (sero-sorting)  
 No penetrative sex (i.e., avoided anal and vaginal sex)  
 Other, please specify  
 None  
 Don't know  
 Prefer not to answer



Please specify "other"

---

How much do/did you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about acquiring other STIs from your partner?

Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about transmitting other STIs to your partner?  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

What gender\* does your 5th most recent sexual partner\* currently identify with?  
Select all that apply

- Man  
 Woman  
 Trans man (Female to Male), including those in transition  
 Trans woman (Male to Female), including those in transition  
 Two-spirit  
 Intersex  
 Gender queer  
 Other, please specify  
 Don't know  
 Prefer not to answer

Please specify "other"

---

What was this sex partner's HIV status at your last sexual encounter?  
Select one

- HIV-positive  
 HIV-negative  
 Don't know  
 Prefer not to answer

How long have/had you been in this sexual relationship?

ONLY indicate THE NUMBER of (days/months/years) & then specify units in the next question

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer")

How long have/had you been in this sexual relationship?

Indicate unit (days/months/years)

- Months  
 Years  
 Days  
 Don't know  
 Prefer not to answer

In the last 6 months what strategies have you and your partner(s) used to reduce the risk of sexual transmission of HIV?  
Select all that apply

- Adhering to ARVs\* to suppress my viral load  
 Male condom use  
 Female condom use  
 PrEP (pre-exposure prophylaxis)\*  
 PEP (post-exposure prophylaxis)\*  
 HIV-positive partner (sero-sorting)  
 No penetrative sex (i.e., avoided anal and vaginal sex)  
 Other, please specify \_\_\_\_\_  
 None  
 Don't know  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

How much do/did you worry about transmitting HIV to your partner? (This may include HIV if your partner is negative, your/their strain of HIV if your partner is positive)  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about acquiring other STIs from your partner?

Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

How much do/did you worry about transmitting other STIs to your partner?  
Select one

- I worry a lot  
 I worry a little  
 I don't really worry  
 Not worried at all  
 Don't know  
 Prefer not to answer

These next questions are specific to sex partners from whom you have received money, drugs, shelter, goods, or services in exchange for sex. Remember that the information you are providing us is completely confidential.

In the past 6 months, have you been provided with any of the following in exchange for sex?  
Select all that apply.

- No (Have not been provided with anything in exchange for sex in the past 6 months)  
 Money  
 Drugs (e.g., alcohol, cannabis, illegal drugs)  
 Shelter  
 Food  
 Gifts  
 Clothes  
 Services  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

Thinking back over the last 6 months, how many clients / johns have you seen on average a week? This includes exchanging sex for money, drugs, shelter, food, gifts, clothes, services, or other items.

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

Indicate average number of clients per week:

\_\_\_\_\_

This next section includes questions on violence. This information is important to educate the public about experiences of violence and to advocate for better programs and policies to prevent violence and support survivors. We are also hoping to better understand how women's experiences of violence impact their current health. We know this can be a very hard thing to read and talk about; we can stop or take a break at any time.

Have you experienced violence from a sex work client in the last six months?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

If you are comfortable answering this, can I ask you what kinds of violence you have experienced? This information is important to educate the public about experiences of violence and advocate for better programs and policies to prevent violence and support survivors.  
Select all that apply.

- No, prefer not to answer the type of violence  
 Verbal harassment  
 Physical assault or beating  
 Rape or sexual assault  
 Assault with a weapon  
 Strangling  
 Abduction or kidnap  
 Attempted sexual assault  
 Thrown out of a moving car  
 Robbed  
 Other [Please specify]  
 Don't know  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

Did you report the abuse or violence you experienced over the past 6 months to the police?  
Select one

- Yes, all of the time  
 Yes, some of the time  
 No  
 Too scared to report  
 Don't trust the police or authorities  
 Don't know  
 Prefer not to answer

**For the following questions please respond by indicating "yes", "no", or "sometimes":**

**Select one per row**

	Yes	No	Sometimes	Don't Know	Prefer not to answer
Do you hide involvement in sex work from family and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you hide involvement in sex work from your doctor or health care provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you believe that sex work is shameful?

**The following questions ask about your relationship with your current (or most recent) sexual partner. If you currently have more than one sexual partner, please think about the person you consider your primary sexual partner. Please indicate whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with each of the following statements.**

**Select one answer per line**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Prefer not to answer
If I asked my partner(s) to use a condom, s/he/they would get violent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I asked my partner(s) to use a condom, s/he/they would get angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the time, we do what my partner wants to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner won't let me wear certain things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my partner and I are together, I'm pretty quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner has more say than I do about important decisions that affect us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner tells me who I can spend time with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I asked my partner to use a condom, s/he/they would think I'm having sex with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped or stuck in our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner does what s/he/they wants, even if I do not want her/him/they to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more committed to our relationship than my partner is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my partner and I disagree, s/he/they get her/his/their way most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner gets more out of our relationship than I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- My partner always wants to know where I am.
- My partner might be having sex with someone else.

**The remaining questions in this section are about your sexuality as a woman, which may apply whether you are having sex with a partner or not. Your answers are confidential.**

- In the past 6 months, have you ever masturbated alone (stimulated your body for sexual pleasure, whether or not you had an orgasm)?  
Select one
- Yes  
 No  
 Don't know  
 Prefer not to answer

- In the past 6 months, have you ever used a vibrator or other sex toys?  
Select one
- Yes  
 No  
 Don't know  
 Prefer not to answer

- During the past ONE month, have you felt pleasure from any forms of sexual experience (including self-pleasure or masturbation)?  
Please select the one most appropriate response.
- Always felt pleasure from sexual experiences  
 Usually, about 75% of the time  
 Sometimes, about 50% of the time  
 Seldom, less than 25% of the time  
 Have not felt any pleasure  
 Have had no sexual experience (solo or partnered) during the past month  
 Don't know  
 Prefer not to answer

- Overall, how important a part of your life is your sexual activity?  
Select the most appropriate response
- Very important  
 Somewhat important  
 Neither important nor unimportant  
 Somewhat unimportant  
 Not at all important  
 Not applicable - do not engage in sexual activity  
 Don't know  
 Prefer not to answer

- How satisfied are you with the overall appearance of your body?  
Please select the one most appropriate response
- Very satisfied  
 Somewhat satisfied  
 Neither satisfied nor dissatisfied  
 Somewhat dissatisfied  
 Very dissatisfied  
 Don't know  
 Prefer not to answer

**How much do you agree or disagree with the following statement:  
Select one.**

- Strongly Agree  Agree  Neither agree nor disagree  Disagree  Strongly disagree  Prefer not to answer

- I often feel I don't have enough emotional closeness in my sex life.
- I feel content with how often I have sexual intimacy (kissing, intercourse, etc.) in my life.

Overall, how satisfactory or unsatisfactory is your present sex life?  
Select one

- Completely satisfactory  
 Very satisfactory  
 Reasonably satisfactory  
 Not very satisfactory  
 Not at all satisfactory  
 Don't know  
 Prefer not to answer

Since knowing your HIV status, have you ever experienced any concerns about your sexual wellbeing?  
Select all that apply

- Sexual self-esteem (e.g., feeling dirty, sexually unattractive, poor body image, shame, guilt)  
 Emotional aspects of sex (e.g., anxieties, inhibitions, lack of pleasure, dissatisfaction)  
 Physical aspects of sex (e.g., kissing, touching, behaviours, practices, techniques)  
 Sexual function (e.g., loss of desire, difficulties with orgasm, pain during sex)  
 Relationships (e.g., not finding a partner, abusive partner)  
 Other, please specify  
 I have not experienced any concerns  
 Don't know  
 Prefer not to answer

Please specify "other"

\_\_\_\_\_

### How much distress, if any, did this concern cause you?

	No distress	Mild distress	Moderate distress	Severe distress	Don't know	Prefer not to answer
a. Sexual self-esteem (e.g., feeling dirty, sexually unattractive, poor body image, shame, guilt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Emotional aspects of sex (e.g., anxieties, inhibitions, lack of pleasure, dissatisfaction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical aspects of sex (e.g., kissing, touching, behaviours, practices, techniques)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sexual function (e.g., loss of desire, difficulties with orgasm, pain during sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- e. Relationships (e.g., not finding a partner, abusive partner)
- f. [hiv\_sexual\_wellbeing\_a\_oth]

Since knowing your HIV status, have you ever talked to anyone about the impact of living with HIV on your sexual wellbeing? This may include partners, friends, or healthcare providers.

For the purposes of this question, this does NOT include discussions about safer sex strategies to minimize HIV transmission like condom use or having a low viral load.

If yes, please indicate what areas of concern were discussed.  
Select all that apply.

- Sexual self-esteem (e.g., feeling dirty, sexually unattractive, poor body image, shame, guilt)
- Emotional aspects of sex (e.g., anxieties, inhibitions, lack of pleasure, dissatisfaction)
- Physical aspects of sex (e.g., kissing, touching, behaviours, practices, techniques)
- Sexual function (e.g., loss of desire, difficulties with orgasm, pain during sex)
- Relationships (e.g., not finding a partner, abusive partner)
- Other, please specify:
- I have never talked to anyone about these aspects of sexuality
- Don't know
- Prefer not to answer

Please specify "other"

\_\_\_\_\_

Which of the following people did you talk to about these concerns?  
Select all that apply

- Partner
- Peers/women living with HIV
- Other friends (not living with HIV)
- HIV physician
- Family doctor
- Nursing staff
- Counsellor
- Social worker
- Peer worker
- Community worker
- Therapist who specializes in women's sexuality
- Therapist who specializes in trauma
- Family
- Elder
- Other, please specify
- No one
- Don't know
- Prefer not to answer

Please specify "other"

\_\_\_\_\_

**Of the people you talked to, how useful were they in helping you cope with your experience?  
Select one per line**

- |                                | Very helpful          | A little bit helpful  | Not at all helpful    | Don't know            | Prefer not to answer  |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Partner                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Peers/women living with HIV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

c. Other friends (not living with HIV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. HIV physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Counsellor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Peer worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Community worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Therapist who specializes in women's sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Therapist who specializes in trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Elder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. [hiv_sxlwllbngcoth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Who (if anyone) would you feel most comfortable talking to about concerns related to your sexual wellbeing?  
Select all that apply

- Partner
- Peers/women living with HIV
- Other friends (not living with HIV)
- Family member living with HIV
- Family member not living with HIV
- Elder
- Peer worker (e.g., peer navigator, peer counsellor)
- HIV physician
- Family doctor
- Nursing staff
- Counsellor
- Social worker
- Community worker
- Therapist who specializes in women's sexuality
- Therapist who specializes in trauma
- Other, please specify:
- No one
- Don't know
- Prefer not to answer

Please specify "other"

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# BCC3 Stigma and Discrimination

Please complete the survey below.

Thank you!

This next section is about stigma and discrimination as it pertains to HIV, race, and gender. We know that this can also be a very difficult subject to talk or hear about. We can go through the questions together or you can answer these questions by yourself. You can select "prefer not to answer" at any time. We can stop or take a break at any time.  
Is it okay if I continue guiding you through the questions in this section?

- I'd prefer to complete this section myself  
 I'd prefer to complete this section together  
 I'd prefer to skip this entire section

This next section is about stigma and discrimination as it pertains to race and gender. We know that this can also be a very difficult subject to talk or hear about. We can go through the questions together or you can answer these questions by yourself. You can select "prefer not to answer" at any time. We can stop or take a break at any time.  
Is it okay if I continue guiding you through the questions in this section?

- I'd prefer to complete this section myself  
 I'd prefer to complete this section together  
 I'd prefer to skip this entire section

All of the scales in the following section are validated.

**For each of the following items, please indicate how often have people treated you this way in the past because of your HIV status. These questions can refer to your entire life.**

**The following questions are part of a validated HIV stigma scale.**

**Select one per line.**

**Because of your HIV status...**

	Never	Not Often	Somewhat Often	Often	Very Often	N/A, i.e. have never disclosed	Prefer not to answer
a. Family members have avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Family members have looked down on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Family members have treated me differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Community/social workers have not taken my needs seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| e. Community/social workers have discriminated against me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Community/social workers have denied me services.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Healthcare workers have not listened to my concerns.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Healthcare workers have avoided touching me.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Healthcare workers have treated me with less respect.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**For the following questions please say if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statements:**

**Select one per row**

**In the past month, would you say...**

- |  | Strongly Agree        | Agree                 | Neither agree or disagree | Disagree              | Strongly Disagree     | Prefer not to answer  |
|--|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| a. I've limited what I tell others about myself  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I've been afraid to tell other people that I have HIV   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I've been worried about my family members finding out that I have HIV                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I've been worried about people at my job/routine daily activities finding out that I have HIV         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I've been worried that I'll lose my source of income if other people find out that I have HIV         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I've been worried that I'll lose access to health services or care if people find out that I have HIV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**For each of the following items, please indicate whether you: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, or Strongly Disagree.**

**These questions can refer to your entire life.**

**Select one per line**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
a. I have been hurt by how people reacted to learning I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have stopped socializing with some people because of their reactions of me having HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have lost friends by telling them I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am very careful who I tell that I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I worry that people who know I have HIV will tell others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel that I am not as good a person as others because I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Having HIV makes me feel unclean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Having HIV makes me feel that I'm a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Most people think that a person with HIV is disgusting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Most people with HIV are rejected when others find out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**These next questions ask about your experiences of racism. Please think carefully, and do your best to answer each question.**

**In your day-to-day life how often have any of the following things happened to you because of your race?**

**Select one per row.**

	Almost Everyday	Frequently	Sometimes	Not that Often	Almost Never	Never	Prefer not to answer
--	-----------------	------------	-----------	----------------	--------------	-------	----------------------

- |  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You are treated with less courtesy      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You are treated with less respect       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You receive poorer service              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. People act as if you are not as smart   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. People act as if they are afraid of you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. People act as if you are dishonest      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. People act as if they are better        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You are called names or insulted        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You are threatened or harassed          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**These next questions ask about your experiences of sexism. Please think carefully, and do your best to answer each question.**

**In your day-to-day life how often have any of the following things happened to you because you are a woman?**

**Select one per row.**

- |  | Almost Everyday       | Frequently            | Sometimes             | Not that often        | Almost Never          | Never                 | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You are treated with less courtesy      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You are treated with less respect       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You receive poorer service              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. People act as if you are not as smart   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. People act as if they are afraid of you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. People act as if you are dishonest      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. People act as if they are better        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You are called names or insulted        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You are threatened or harassed          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**These next questions ask about your experiences of sexism. Please think carefully, and do your best to answer each question.**

**In your day-to-day life how often have any of the following things happened to you because of your gender?**

**Select one per row.**

	Almost Everyday	Frequently	Sometimes	Not that often	Almost Never	Never	Prefer not to answer
You are treated with less courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are treated with less respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if you are not as smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In your experience...**

	Many times	Sometimes	Once/Twice	Never	Prefer not to answer
Have you been made fun of or called names for your Trans identity or experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been hit or beaten up for your Trans identity or experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you heard that Trans people are not normal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been objectified or fetishized sexually because you're Trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt that being Trans hurt and embarrassed your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had to try to pass as non-Trans to be accepted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you suspect you have been turned down for a job because of your Trans identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you had to move away from your family or friends because you're Trans?

Have you experienced some form of police harassment for being Trans?

## BCC3 Physical Activity

Please complete the survey below.

Thank you!

1629 During the past month, which statement best describes the kinds of physical activity you usually did? Do not include the time you spent working at a job.

Please read all six statements before selecting one.

- 1. I did not do much physical activity. I mostly did things like watching television, reading, playing cards, or playing computer games. Only occasionally, no more than once or twice a month, did I do anything more active such as going for a walk or playing tennis.
- 2. Once or twice a week, I did light activities such as getting outdoors on the weekends for an easy walk or stroll. Or once or twice a week, I did chores around the house such as sweeping floors or vacuuming.
- 3. About three times a week, I did moderate activities such as brisk walking, swimming, or riding a bike for about 15-20 minutes each time. Or about once a week, I did moderately difficult chores such as raking or mowing the lawn for about 45-60 minutes. Or about once a week, I played sports such as softball, basketball, or soccer for about 45-60 minutes.
- 4. Almost daily, that is five or more times a week, I did moderate activities such as brisk walking, swimming, or riding a bike for 30 minutes or more each time. Or about once a week, I did moderately difficult chores or played sports for 2 hours or more.
- 5. About three times a week, I did vigorous activities such as running or riding hard on a bike for 30 minutes or more each time.
- 6. Almost daily, that is, five or more times a week, I did vigorous activities such as running or riding hard on a bike for 30 minutes or more each time.

# BCC3 Chronic Pain

Please complete the survey below.

Thank you!

**The following section includes a series of questions about chronic pain as it relates to your overall health.**

How much bodily pain have you had during the last week?

- none  
 very mild  
 mild  
 moderate  
 severe  
 very severe

Do you have bodily pain that has lasted for more than 3 months?

- Yes  
 No

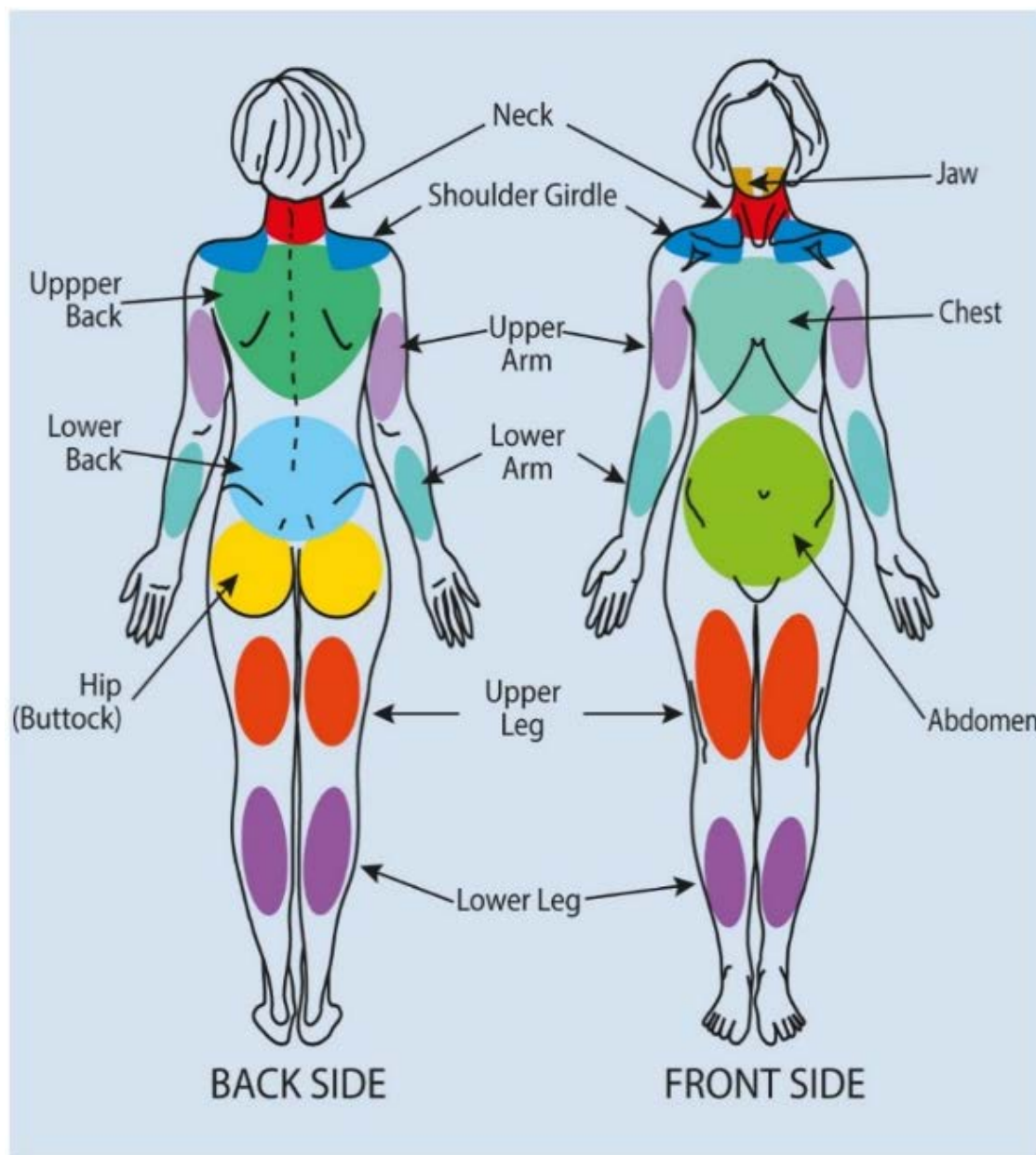
**The following questions will ask you to rate your pain on a scale of one to ten with respect to how it interferes with your life.**

**0 indicates that pain does not interfere and 10 indicates that pain completely interferes.**

	Does not interfere, 0	1	2	3	4	5	6	7	8	9	Completely interferes, 10
What number best describes your pain on average in the past week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What number best describes how, during the past week, pain has interfered with your enjoyment of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What number best describes how, during the past week, pain has interfered with your general activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



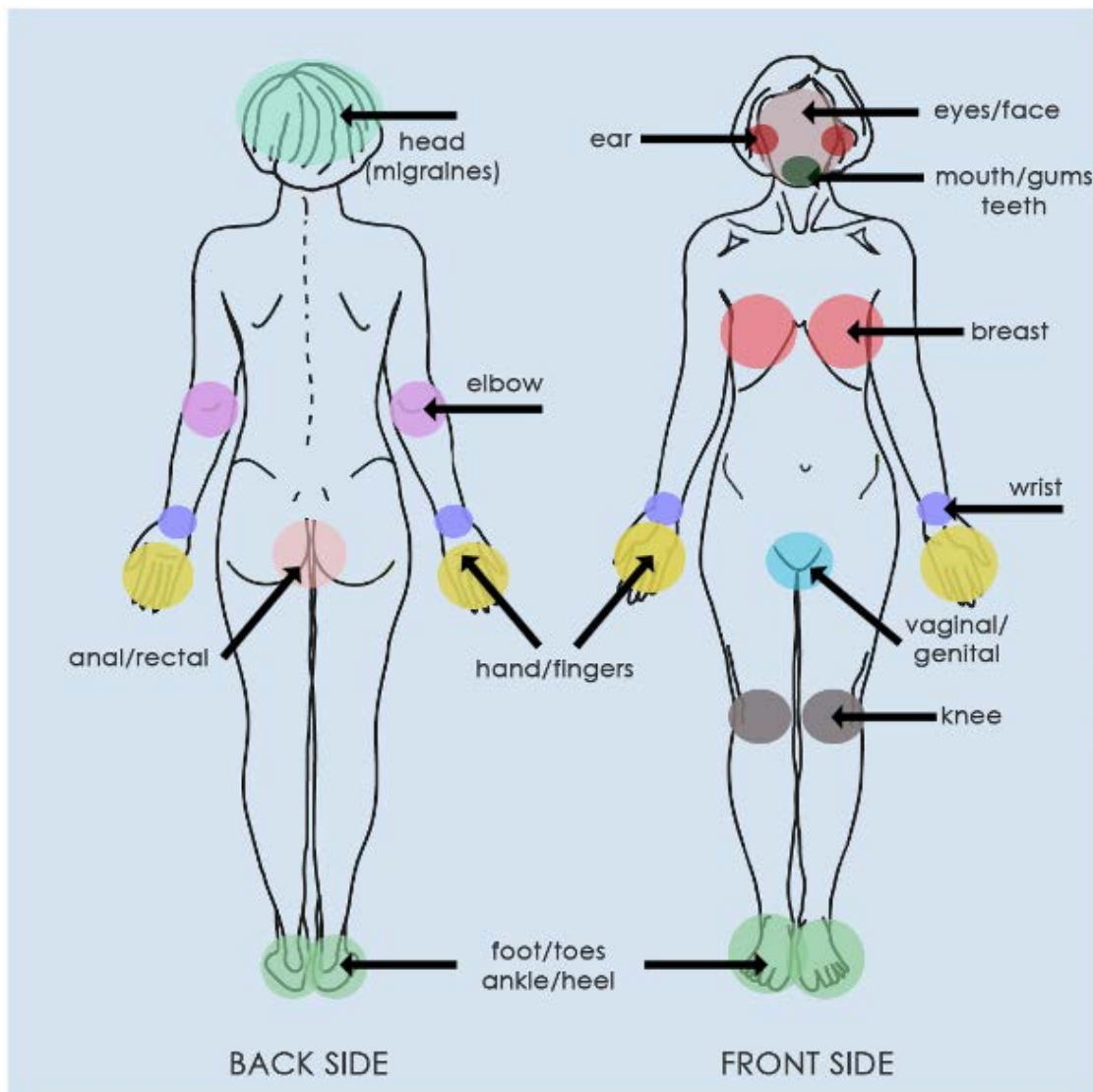
Please use this image to help localize you pain in the following question



Please check each area you have felt pain in over the past week. This list may not cover your pain, so please select other and a second list will open.

- Shoulder girdle, left
- Shoulder girdle, right
- Upper arm, left
- Upper arm, right
- Lower arm, left
- Lower arm, right
- Hip (buttock) left
- Hip (buttock) right
- Upper leg left
- Upper leg right
- Lower leg left
- Lower leg right
- Jaw left
- Jaw right
- Chest
- Abdomen
- Neck
- Upper back
- Lower back
- Other/None of these areas, see next image

Please use this image to help localize your pain in the following question.



Additional areas of pain. Please check each area you have felt pain in over the past week

- Foot/ankle/heel left
- Foot/ankle/heel right
- Knee left
- Knee right
- Elbow left
- Elbow right
- Wrist left
- Wrist right
- Hand/fingers left
- Hand/fingers right
- Head (migraines)
- Eyes/face
- Mouth/gums/teeth
- Ear
- Vaginal/genital
- Anal/rectal
- Breast
- Other

Please specify 'Other'

\_\_\_\_\_

**Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer, select one of the options on the scale under each item, from "not at all confident" to "completely confident".**

	Not at all confident, 0	1	2	3	4	5	6	7	8	9	Compl etely confid ent, 10
I can cope with my pain in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can still accomplish most of my goals in life, despite the pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can live a normal lifestyle, despite the pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you experience stigma, isolation, and/or discrimination due to your chronic pain?

- Extremely
- Quite a bit
- Moderately
- Very little
- Not at all
- Don't know
- Prefer not to answer

Do you ever use medications (prescribed or over the counter) to cope with your chronic pain?

- Yes
- No
- Don't know
- Prefer not to answer

---

Do you ever use substances (alcohol, marijuana, cigarettes, or other substances) to cope with your chronic pain?

- Yes
- No
- Don't know
- Prefer not to answer

---

If you experience any mental health diagnoses (ie. depression, anxiety, etc.), do you think they are related to your chronic pain?

- Yes
- Maybe
- No
- No, I do not have any mental health diagnoses
- Don't know
- Prefer not to answer

---

Does your chronic pain interfere with your quality of sleep? Please select all that apply.

- Yes, I have difficulty falling asleep
- Yes, I wake in the night
- Yes, I wake early
- No
- Don't know
- Prefer not to answer

---

How much do you agree or disagree with the following statement: "I feel resilient, strong, and/or like a warrior because I cope with chronic pain."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to answer

---

I have support in place to help me navigate my chronic pain journey.

- Yes
- No
- No, and I would like some support
- Don't know
- Prefer not to answer

# BCC3 Violence and Abuse

Please complete the survey below.

Thank you!

---

This next section deals with violence and abuse. The questions may be personal and sensitive in nature. These questions will be used to better address the health care needs of women living with HIV. Please remember that your responses are completely confidential and private. I'd like to guide you through these questions. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

---

This next section deals with violence and abuse. The questions may be personal and sensitive in nature. Please remember that your responses are completely confidential and private. I'd like to guide you through these questions. If there is something you prefer not to answer, you are welcome to select "prefer not to answer".

---

Is it okay if I continue guiding you through the questions in this section? If you would like to complete this section by yourself, that's okay too. How would you like to proceed?  
Select one

- I prefer to do the violence section myself
- I prefer to do the violence section together
- I prefer to skip the violence section → skip to next section

---

**This first series of questions are about experiences you had as an adult. For our purposes, adult is defined as 16 years of age or older.**

---

As an adult, has someone ever physically hurt you?

- Yes
- No
- Don't know
- Prefer not to answer

Please note, this only includes if someone has intentionally hurt you. It does not include accidents.

Select one

---

How many times did this happen?  
Select one

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know
- Prefer not to answer

---

Has this happened in the last 3 months?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

As an adult, has someone ever insulted, threatened, screamed, or cursed at you?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

How many times did this happen?  
Select one

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know
- Prefer not to answer

---

Has this happened in the last 3 months?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

As an adult, has someone ever restricted your actions by controlling where you can go and what you can do?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

How many times did this happen?  
Select one

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know
- Prefer not to answer

---

Has this happened in the last 3 months?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

As an adult, has someone ever sexually forced themselves on you, or forced you to have sex?

- Yes
- No
- Don't know
- Prefer not to answer

This can include the fondling of your private parts, oral sex, vaginal sex, and anal intercourse. It can be either forced or with your consent because you feared the consequences of resisting the person.

Select one

---

How many times did this happen?  
Select one

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know
- Prefer not to answer

---

Has this happened in the last 3 months?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

---

Were any of these experiences from an intimate partner? For example, someone who currently is or was a spouse or boyfriend/girlfriend?

- No
- Yes, but not in the last 3 months
- Yes, in the last 3 months
- Don't know
- Prefer not to answer

---

Were any of these experiences from a person who IS NOT or WAS NOT your intimate partner? For instance, an acquaintance, family member, care provider, or stranger?

- No
- Yes, but not in the last 3 months
- Yes, in the last 3 months
- Don't know
- Prefer not to answer

Have you ever experienced violence upon disclosure of your HIV status to a sexual partner?  
Select all that apply.

- Yes, verbal violence  
 Yes, physical violence  
 Yes, sexual violence  
 No  
 Never disclosed my HIV status to a sexual partner  
 Don't know  
 Prefer not to answer

In the last three months, have you experienced any type of violence (including verbal, physical, or sexual violence) upon disclosure of your HIV status to a sexual partner?  
Select all that apply.

- Yes, verbal violence  
 Yes, physical violence  
 Yes, sexual violence  
 No  
 Never disclosed my HIV status to a sexual partner  
 Don't know  
 Prefer not to answer

Pandemics are known to increase stress and experiences of violence. Thinking about your experiences of violence over the course of the COVID-19 pandemic compared to before the pandemic controls were implemented in mid-March 2020, would you say that you have experienced an increase in violence, a decrease, or there was no change?

- Increase  
 Decrease  
 No change  
 Don't know  
 Prefer not to answer

**This second series of questions are about experiences you had as a child. For our purposes, child is defined as less than 16 years of age.**

During your childhood, did an adult ever physically hurt you?

- Yes  
 No  
 Don't know  
 Prefer not to answer

Interviewer explanation: in some cultures, physical discipline of children is common; for our purposes, we are including such physical discipline.

Select one

How many times did this happen?  
Select one

- All the time  
 Frequently  
 Fairly often  
 Rarely / Sometimes  
 Don't know  
 Prefer not to answer

During your childhood, did an adult ever insult, threaten or verbally degrade you?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

How many times did this happen?  
Select one

- All the time  
 Frequently  
 Fairly often  
 Rarely / Sometimes  
 Don't know  
 Prefer not to answer

---

During your childhood, did someone ever sexually force themselves on you, or force you to have sex?

This can include the fondling of your private parts, oral sex, vaginal sex, and anal intercourse. It can be either forced or with your consent because you feared the consequences of resisting the person.

- Yes
- No
- Don't know
- Prefer not to answer

Select one

---

How many times did this happen?

Select one

- All the time
- Frequently
- Fairly often
- Rarely / Sometimes
- Don't know
- Prefer not to answer

---

Did you ever seek help, such as medical treatment, counselling, or social support to cope with the violence?

Select one

- All of the time
- Some of the time
- None of the time

This applies to both adulthood and childhood violence.



# BCC3 Social Support

Please complete the survey below.

Thank you!

**I would now like to move on to discuss your relationships with other people, outside of any relationships with a partner (if applicable). I will read some statements to you; please indicate whether you are able to do the activities mentioned in the statements as much as you would like, less than you would like, much less than you would like, or never.**

	As much as I would like	Less than I would like	Much less than I would like	Never	Prefer not to answer
a. I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get chances to talk to someone about problems at work (or with my housework).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I get chances to talk to someone I trust about my personal and family problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have people who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I get help around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I get help with money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I get help when I need transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**People sometimes look to others for companionship, assistance, or other types of support.**

**How often is each of the following kinds of support available to you if you need it?**

**Select one response per line**

**How often do you have available...**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Prefer not to answer
a. Someone to turn to for suggestions about how to deal with a personal problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b. Someone to help with daily chores if you were sick.
- c. Someone to love and make you feel wanted.
- d. Someone to do something enjoyable with.

---

Approximately how many women living with HIV do you know personally, including friends and colleagues? Please try to provide your best estimate. Select one.

- None  
 1 person  
 2 to 4 people  
 5 to 9 people  
 10 to 19 people  
 20 to 49 people  
 50 to 99 people  
 100 or more  
 Don't know  
 Prefer not to answer

---

In your life, do you have someone living with HIV who you get support from? For this question, please think about friends or family living with HIV who you can call on in times of need, rather than someone who you only know in a formal role, such as a peer navigator. This person can be a friend or a peer. Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

How much do you agree or disagree with the following statement: "As a woman living with HIV in my community, I feel isolated". Select one.

- Strongly agree  
 Agree  
 Neither agree or disagree  
 Disagree  
 Strongly disagree  
 Prefer not to answer

---

How much do you agree or disagree with the following statement: "I don't reach out to friends or stay in touch, because I can't explain my life living with HIV to them". Select one.

- Strongly agree  
 Agree  
 Neither agree or disagree  
 Disagree  
 Strongly disagree  
 Prefer not to answer

# BCC3 Emotional and Social Wellbeing and Health

Please complete the survey below.

Thank you!

## The following section includes a series of questions about emotional wellbeing and quality of life as it relates to your overall mental and physical health.

Have you ever been diagnosed with a mental health condition by a care provider?  
Select one

- Yes  
 No  
 Don't know  
 Prefer not to answer

Which, if any, of the following mental health conditions are you currently living with? Please only include conditions that have been diagnosed by a healthcare provider.  
Select all that apply.

- Alcohol Addiction  
 Anxiety  
 Anorexia Nervosa or Bulimia Nervosa  
 ADD/ADHD (i.e., Attention deficit (hyperactivity) disorder)  
 Bipolar Disorder  
 Personality Disorder  
 Dementia  
 Depression  
 Drug Addiction/Substance Use Disorder  
 Obsessive-Compulsive Disorder  
 Post Traumatic Stress Disorder  
 Schizophrenia  
 Sleep disorder  
 Other, please specify:  
 None  
 Don't know  
 Prefer not to answer

Please specify "other"

## Below is a list of the ways you might have felt or behaved during the past week. Please tell me how often you have felt this way during the past week.

Select one per line.

	Most or all of the time (5-7 days)	Occasionally or a moderate amount of the time (3-4 days)	Some or a little of the time (1-2 days)	Rarely or none of the time (less than 1 day)	Don't know	Prefer not to answer
a. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| d. I felt that everything I did was an effort. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I felt hopeful about the future.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I felt fearful.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. My sleep was restless.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I was happy.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I felt lonely.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I could not get "going".                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and check the box to indicate how much you have been bothered by that problem in the last month.**

**The following six questions are part of a validated scale.**

**Select one response per line.**

- |  | Extremely             | Quite a bit           | Moderately            | A little bit          | Not at all            | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling very upset when something reminded you of a stressful experience from the past?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Avoid activities or situations because they remind you of a stressful experience from the past? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling distant or cut off from other people?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Feeling irritable or having angry outbursts?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Having difficulty concentrating?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**During the past 30 days, about how often did you feel ...**

**Select one per line.**

- |                                   | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      | Don't know            | Prefer not to answer  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Nervous?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Hopeless?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Restless or fidgety?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. That everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- e. So depressed that nothing could cheer you up?
- f. Worthless?

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

- |  | Not at all            | Several days          | Over half the days    | Nearly every day      |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Feeling nervous, anxious, or on edge              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Not being able to stop or control worrying        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Worrying too much about different things          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Trouble relaxing                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Being so restless that it's hard to sit still     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Becoming easily annoyed or irritable              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Feeling afraid as if something awful might happen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? Please select one

- Not difficult at all  
 Somewhat difficult  
 Very difficult  
 Extremely difficult

**The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

Select one per line

- |  | Yes, limited a lot    | Yes, limited a little | No, not limited at all | Prefer not to answer  |
|--|-----------------------|-----------------------|------------------------|-----------------------|
| a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| b. Climbing several flights of stairs.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

Select one per line

- |   | Yes                   | No                    | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|
| a. Accomplished less than you would like                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Were limited in the kind of work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

**Select one per line.**

- |   | Yes                   | No                    | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|
| a. Accomplished less than you would like                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Didn't do work or other activities as carefully as usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Select one

- Extremely  
 Quite a bit  
 Moderately  
 A little bit  
 Not at all  
 Prefer not to answer

**These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

**Select one per line.**

- |  | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      | Prefer not to answer  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Have you felt calm and peaceful?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did you have a lot of energy?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have you felt downhearted and blue? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

Select one

- All of the time  
 Most of the time  
 Some of the time  
 A little of the time  
 None of the time  
 Prefer not to answer

In general, would you say your health is:

Select one.

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 Prefer not to answer

Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago  
 Somewhat better now than one year ago  
 About the same as one year ago  
 Somewhat worse now than one year ago  
 Much worse now than one year ago

Does spirituality/traditional spirituality/culture play a role in your life?  
Select one.

- Yes  
 No  
 Not applicable (do not have spirituality/traditional spirituality/culture)  
 Don't know  
 Prefer not to answer

Throughout your life, which of the following best describes your engagement in spiritual/traditional/cultural practices?  
Select one.

- Not applicable - I do not have spiritual/traditional practices.  
 Spiritual/traditional practices have always been a part of my life.  
 I have reconnected to my people's spiritual/traditional practices.  
 I am finding out more about my spiritual/traditional practices.  
 I have not yet learned about my spiritual/traditional practices.  
 I used to engage in spiritual/traditional practices, but I do not anymore.  
 I have never engaged in my spiritual/traditional practices.  
 Don't know  
 Prefer not to answer

In the last year, how would you describe the role of spirituality/traditional spirituality/culture on your health?  
Select all that apply.

- Not applicable - Religion and spirituality do not play a role in my health  
 One that supports my health (going to the doctors, taking my medication)  
 One that supports my overall wellbeing  
 One that supports my social support systems (friends, family, community)  
 One that supports my coping abilities  
 One that supports my experience of gender based stigma and discrimination  
 One that worsens my experience of gender based stigma and discrimination  
 One that worsens my experience of HIV related stigma and discrimination (HIV-positive participants only)  
 One that worsens barriers to health (going to the doctors, taking my medication)  
 Other, please specify \_\_\_\_\_ [Other specify required]  
 Don't know  
 Prefer not to answer

Please specify other \_\_\_\_\_

How connected do you feel to your culture?  
Select one.

- Very connected  
 Somewhat connected  
 Not very connected  
 Not connected at all  
 Not applicable (I do not have a culture I identify with)  
 Don't know  
 Prefer not to answer

---

For mental health and wellbeing purposes, do you seek out or use any of the following?  
Select all that apply.

- Counselling
- Peer support
- Support from a spiritual healer
- Support from a spiritual leader (ie. priest, church member, etc.)
- Support from an Elder(s) (Indigenous community leader)
- Traditional methods of healing (ie. smudge, sweat lodge, powwow, etc.)
- Other, specify
- None of the above
- Don't know
- Prefer not to answer

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Please specify other \_\_\_\_\_



# BCC3 COVID-19 Impacts

Please complete the survey below.

Thank you!

**This next section is about the COVID-19 pandemic and how it has impacted your emotional, mental, and physical health and wellbeing. We know that this can be a difficult subject to talk or hear about, and we can take a break at any time. Please remember that all of your responses are confidential and private. Your answers are very important in determining the unique effects of the pandemic on women!**

Are you more or less likely to consult a healthcare provider about any medical concerns now compared to before the COVID-19 restrictions came into place in mid-March 2020?

- Much more likely to consult a health care provider now compared to before the restrictions came into place  
 More likely to consult a healthcare provider now  
 Equally likely (no change)  
 Less likely to consult a healthcare provider now  
 Much less likely to consult a healthcare provider now  
 Don't Know  
 Prefer not to Answer

**Since the COVID-19 restrictions came into place in mid-March 2020,**

**Have you NEEDED any of the following health services or social support services, including those from healthcare providers, AIDS Service Organizations, or other community services? (please select all that apply)**

	Yes	No	Don't Know	Prefer not to answer
HIV medical care. Refers to any care you received from a physician, nurse, or nurse practitioner about your HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapy (ART)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ART adherence support (e.g., MAT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine health check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allied health or specialist appointments (e.g., radiology, physiotherapy, optometrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home medical care services (e.g., wound care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Colorectal screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone density screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health services (e.g., STI testing & treatment, advice for sexual concerns, relationship support/advice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention and/or support services (including domestic, intimate partner, sexual, physical, emotional, and/or controlling violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraception services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy planning and/or fertility support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy termination services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal and/or postnatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (not related to COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use services, including harm reduction services (e.g., supervised consumption facilities), support services, and/or treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support and/or peer navigation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank or grocery program support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify 'Other'

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**If Needed, have you ACCESSED this service and HOW have you accessed this service (i.e., in person or virtually, including via phone or video-based consultation)? Please respond for each health service you identified as needing.**

Yes, in person	Yes, virtually	Yes, both in person and virtually	No	Don't know	Prefer not to answer
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HIV medical care. Refers to any care you received from a physician, nurse, or nurse practitioner about your HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapy (ART)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ART adherence support (e.g., MAT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine health check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allied health or specialist appointments (e.g., radiology, physiotherapy, optometrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home medical care services (e.g., wound care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone density screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health services (e.g., STI testing & treatment, advice for sexual concerns, relationship support/advice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention and/or support services (including domestic, intimate partner, sexual, physical, emotional, and/or controlling violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraception services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy planning and/or fertility support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy termination services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal and/or postnatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (not related to COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance use services, including harm reduction services (e.g., supervised consumption facilities), support services, and/or treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support and/or peer navigation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank or grocery program support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[srvcs_need_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If Needed, have you experienced any DIFFICULTIES accessing any of the health services that you needed? Please respond for each health service you identified as needing.**

	Yes	No	Don't know	Prefer not to answer
HIV medical care. Refers to any care you received from a physician, nurse, or nurse practitioner about your HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapy (ART)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ART adherence support (e.g., MAT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine health check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allied health or specialist appointments (e.g., radiology, physiotherapy, optometrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home medical care services (e.g., wound care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone density screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health services (e.g., STI testing & treatment, advice for sexual concerns, relationship support/advice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention and/or support services (including domestic, intimate partner, sexual, physical, emotional, and/or controlling violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Contraception services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy planning and/or fertility support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy termination services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal and/or postnatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (not related to COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use services, including harm reduction services (e.g., supervised consumption facilities), support services, and/or treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support and/or peer navigation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank or grocery program support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[srvcs_need_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the main reasons for the difficulties you experienced accessing any of the health services that you needed (please select all that apply)?

- I am worried about being exposed to COVID-19 while travelling to see a care provider in person
- I am worried about being exposed to COVID-19 in the care setting
- I have difficulties with transportation (e.g., limited transportation options)
- The provider and/or clinic had limited hours and/or restricted access
- The service was closed
- My doctor or clinic was not accepting in-person appointments
- My healthcare needs were considered non-urgent
- Receiving care virtually is difficult for me (limited access to phone, computer, internet, other access challenges)
- I did not feel safe to discuss health issues in a virtual consultation rather in person
- I did not feel there was sufficient privacy to discuss health issues in a virtual consultation rather than in person
- I had difficulties getting a referral to this care
- Peer supports (e.g., peer navigation, peer support) were not available
- I had no time to access the service (e.g., workload demands, childcare demands)
- Other reasons
- Don't know
- Prefer Not to Answer

Please specify 'Other'

---

How satisfied were you with the medical care provided virtually (i.e., online and/or via video or telephone consultation)?

- Very satisfied  
 Somewhat satisfied  
 Neither satisfied nor dissatisfied  
 Somewhat dissatisfied  
 Very dissatisfied  
 Don't Know  
 Prefer not to Answer

Do you prefer to receive at least some medical care through virtual consultation or in-person?

- I very much prefer receiving care through virtual consultation  
 I prefer receiving care through virtual consultation  
 I have no preference for virtual or in-person medical care  
 I prefer receiving in-person care  
 I very much prefer receiving in-person-care  
 Both. I prefer to receive some care in-person and other care virtually.  
 Not Applicable (e.g., I have not received medical care)  
 Don't know  
 Prefer not to answer

**Now I'd like to ask you about self-care practices within the context of your sexual and reproductive health. According to the World Health Organization (WHO), "Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.**

**For sexual and reproductive health, this might include at-home testing (e.g., for pregnancy or for HIV), at-home treatment (e.g., self-injection with fertility drugs, taking a medical abortion pill), and self-education using online health and medical resources. Other innovative types of self-care interventions may be on the horizon.**

**To what degree do you agree or disagree with the following statements:**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Prefer not to Answer	Other, please specify
I would feel comfortable performing self-care tests and treatments for sexual and reproductive health at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If recommended for me, I would prefer to perform self-care tests and treatments vs having my healthcare provider perform them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Providing options for self-care increases my feeling of empowerment in healthcare encounters.

Since the COVID-19 public health measures were implemented in mid-March 2020, I have been more likely to use self-care tests and treatments?

Since the COVID-19 public health measures were implemented in mid-March 2020, I have been more likely to use online health resources for information about sexual and reproductive health?

## Section 2. Direct Experiences with COVID-19

**Now I'd like to ask you questions about your direct experience with COVID-19.**

Have you ever been tested for COVID-19?  Yes  
 No  
 Don't know  
 Prefer not to answer

Have you ever had a positive COVID-19 test result?  Yes  
 No  
 Results not yet available  
 Don't know  
 Prefer not to answer

Do you believe that you've had COVID-19 even though you haven't received a positive COVID-19 test?  Yes  
 No  
 Prefer not to answer

Have you ever had antibody testing for COVID-19? This test looks for COVID-19 antibodies in your blood to determine whether you've previously been infected with COVID-19.  Yes  
 No  
 Don't Know/No Answer  
 Prefer not to answer

Have you ever had a positive COVID-19 antibody test?  Yes  
 No  
 Results not yet available  
 Don't know  
 Prefer not to answer

---

Have you been offered the COVID-19 vaccine?

Yes  
 No  
 Don't know  
 Prefer not to answer

---

Have you received the COVID-19 vaccine?

Yes  
 No  
 Don't know  
 Prefer not to answer

---

Which vaccine did you receive?

Pfizer-BioNTech  
 Moderna  
 AstraZeneca/COVISHIELD  
 Janssen  
 Other  
 Don't Know  
 Prefer not to answer

---

If yes, approximately when did you receive dose 1?

\_\_\_\_\_

(please input the day as 15)

---

If YES, approximately when did you receive dose 2?

- I have received dose 2 and know the month and year when I received it (please specify).  
 Haven't received dose 2 yet  
 Not applicable - choosing not to receive dose 2  
 Not applicable - only one dose recommended with the vaccine I received  
 Don't Know  
 Prefer not to answer  
(please input the day as 15)
- 

When did you receive dose 2?

\_\_\_\_\_

(please input the day as 15)

---

When the COVID-19 vaccine is recommended for you, how likely are you to receive it?

- Very unlikely  
 Unlikely  
 Neutral  
 Somewhat likely  
 Very likely  
 Don't know  
 Prefer not to answer
- 

How much does your HIV status affect your fear of acquiring COVID-19? Does it make it you:

- Much more fearful  
 More fearful  
 It makes no difference  
 Less fearful  
 Much less fearful
- 

Do you consider yourself an essential worker?

- No  
 Yes, health worker  
 Yes, other essential worker (e.g., first responder, social worker, transportation worker, grocery or other retail worker)  
 Don't know  
 Prefer not to answer



### Section 3. COVID-19 Impacts

In this final section, we would like to ask you some questions about the way that COVID-19 may have impacted various aspects of your life.

How well would you describe yourself as coping during ....

	Not able to cope	Find it a challenge a cope	Neutral	Coping a little successfully	Coping very successfully	Prefer not to answer
The three months prior to when BC implemented social distancing guidelines (December 2019 - mid March 2020),	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the time between mid-March 2020 and three months ago?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recently, during the last 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your activities over the course of the pandemic compared to before the pandemic controls were implemented in mid-March 2020, would you say that you have increased, decreased, or that there was no change in this activity?

	Increased	Decreased	No change	Don't know	Prefer not to answer
Exercise regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get enough good quality sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke tobacco/vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use illicit substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen time (e.g., watch TV/movies, play video games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read for enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialize with friends and family (in-person or virtually)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any, what aspects of your life have gotten better under COVID-19 public health restrictions?

---

Thank you so much for answering these questions. Is there anything else you'd like to let us know about the impacts of COVID-19 on your health and well-being?

---

# BCC3 Resilience

Please complete the survey below.

Thank you!

This is the final section of the survey, it contains some important questions about resiliency. Please go through the questions carefully. There will then be an opportunity to offer any feedback or comments on the survey.

**Please read the following statements and indicate how characteristic each item is of yourself. Options range from 1 (Strongly Disagree) to 5 (Strongly Agree).**

**The following four questions are part of a validated scale.**

	1 - Strongly Disagree	2 - Moderately Disagree	3 - More or Less	4 - Moderately Agree	5 - Strongly Agree	Prefer not to answer
a. There is a direction in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My plans for the future match with my true interests and values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know which direction I am going to follow in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My life is guided by a set of clear commitments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please read the following statements regarding resiliency\*. To the right of each, you will find seven options, ranging from Strongly Agree on the left to Strongly Disagree on the right.**

**Please select the option which best indicates your feelings about that statement.**

**Select one per line**

**\*Resilience is the inner strength that helps individuals bounce back and carry on in the face of adversity.**

**The following questions are part of a validated scale.**

	Strongly Agree	Moderately Agree	Slightly Agree	Neither agree or disagree	Slightly Disagree	Moderately Disagree	Strongly Disagree	Prefer not to answer
a. I usually manage one way or another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel proud that I have accomplished things in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I usually take things in stride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am friends with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel that I can handle many things at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. I am determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I can get through difficult times because I've experienced difficulty before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I have self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I keep interested in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I can usually find something to laugh about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. My belief in myself gets me through hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. In an emergency, I'm someone people can generally rely on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. My life has meaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. When I'm in a difficult situation, I can usually find my way out of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have completed the survey!!!

Thank you for taking the time to complete the survey. If you have any final comments, please indicate them here.

---

Note to Interviewer: Please record participant visit information in the Participant Database.

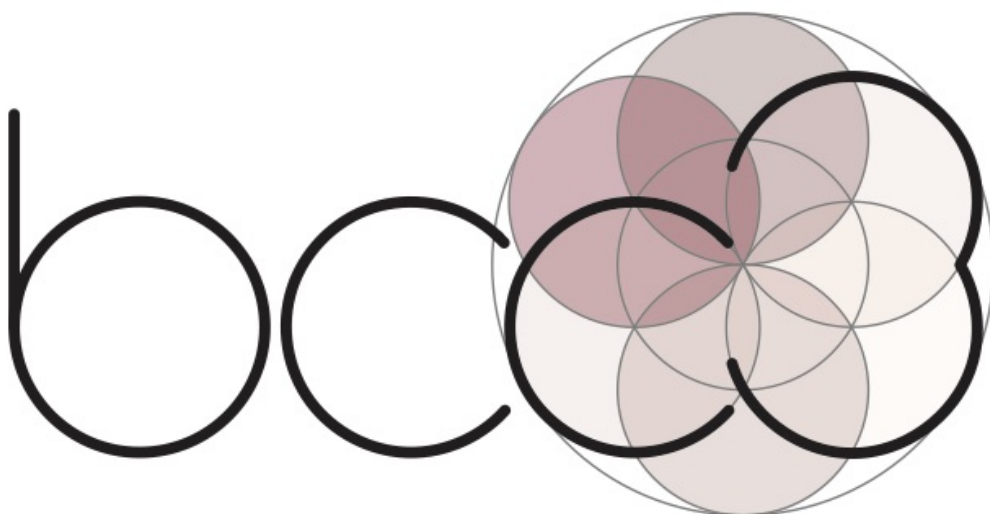
How did you find out about this study?

- At Oak Tree Clinic
- Poster
- Social media post
- Through healthcare provider
- Through a friend
- Email list
- Other

Please specify other

---

Thank you for participating in our study!



BC CARMA CHI WIVES COLLABORATION

# BCC3 Visit Anthropometrics

Please complete the survey below.

Thank you!

---

1888 Height (unit: cm, enter 9999 if unknown or not done)

---

1889 Weight (unit: kg, enter 9999 if unknown or not done)

---

1890 Systolic blood pressure (enter 9999 if unknown or not done)

---

1891 Diastolic Blood Pressure (enter 9999 if unknown or not done)

---

1892 NIH waist circumference measurement (top of hip bone/ilic crest) (enter 9999 if unknown or not done)

---

1893 WHO waist circumference measurement (midpoint between bottom rib and hip bone) (enter 9999 if unknown or not done)

---

1894 Was a hair sample collected?  Yes  
 No

---

1895 Was a urine sample collected?  Yes  
 No

---

1896 Was a mouth swab collected?  Yes, 2 swabs  
 Yes, only 1 swab  
 No

---

1897 Was a rectal swab collected?  Yes, 2 swabs  
 Yes, only 1 swab  
 No

---

1898 Additional sample comments

---

# C&W Lab Results1

Please complete the survey below.

Thank you!

## BCC3 lab results 1

Does the participant have BCC3 lab results 1?

- No  
 Yes

Which hormone group does the participant belong to?

- Menstruating and not on hormones  
 Menstruating and on hormones (ie. birth control)  
 Amenorrheic (not menstruating before menopause)  
 In menopause  
 Menopausal (post-menopausal)

Were all the samples collected on the same day?

- No  
 Yes

What date were all of the sample collected?

\_\_\_\_\_

HEU and HUU labs

- No CD4, CD4%, and VL labs done because participant is HEU and HUU

CD4

\_\_\_\_\_  
 (unit: cells/mm<sup>3</sup>; enter 99999 if unknown or not done)

CD4%

\_\_\_\_\_  
 (unit: %; enter 99999 if unknown or not done)

CD4 & CD4% date

\_\_\_\_\_  
 (if both CD4 & CD4% unknown or not done, leave this date field blank)

HIV Viral Load

\_\_\_\_\_  
 (unit: copies/ml; enter 99999 if unknown or not done; enter 88888 if only CD4 done for HEUs)

HIV Viral Load date

\_\_\_\_\_  
 (if HIV Viral Load unknown or not done, leave this date field blank)

White blood cell (wbc)

\_\_\_\_\_  
 (unit: x10<sup>9</sup>/L; enter 99999 if unknown or not done)

Hemoglobin (hgb)

\_\_\_\_\_  
 (unit: g/L; enter 99999 if unknown or not done)

---

Mean corpuscular volume (MCV)

(unit: fL; enter 99999 if unknown or not done)

---

Platelets (plt)

(unit:  $\times 10^9/L$ ; enter 99999 if unknown or not done)

---

Complete blood count date (wbc, hgb, MCV, plt)

(if all wbc, hgb, MCV, and plt are unknown or not done, leave date field blank)

---

Creatinine (from urine sample)

(unit:  $\mu\text{mol/L}$ ; enter 99999 if unknown or not done)

---

Estimated GFR (from urine sample)

(unit: mL/min; enter 99999 if unknown or not done)

---

Creatinine and Estimated GFR date

(if both creatine & estimated GFR unknown or not done, leave this date field blank)

---

ALT

(unit: U/L; enter 99999 if unknown or not done)

---

ALT date

(if ALT unknown or not done, leave this date blank)

---

AST

(unit: U/L; enter 99999 if unknown or not done)

---

AST date

(if AST unknown or not done, leave this date blank)

---

Albumin

(unit: g/L; enter 99999 if unknown or not done)

---

Albumin date

(if albumin unknown or not done, leave this date blank)

---

HbA1c

(unit: %; enter 99999 if unknown or not done)

---

---

HbA1c date

---

(if HbA1c unknown or not done, leave this date blank)

---

Billirubin non-glucuronidated

---

(unit: umol/L; enter 99999 if unknown or not done)

---

Billirubin glucuronidated

---

(unit: umol/L; enter 99999 if unknown or not done)

---

Total billirubin

---

(unit: umol/L; enter 99999 if unknown or not done)

---

Billirubin date

---

(if all 3 billirubin tests are unknown or not done, leave date field blank)

---

Vitamin B12

---

(unit: pmol/L; enter 99999 if unknown or not done)

---

Vitamin B12 date

---

(if Vitamin B12 unknown or not done, leave this date blank)

---

Alkaline Phosphatase

---



---

Alkaline Phosphatase

---



---

Alkaline Phosphatase collection date

---

(if Vitamin B12 unknown or not done, leave this date blank)

---

**Lipid Panel results**


---

Non-fasting lipid panel

 Check this if lipid panel results are non-fasting

---

Cholesterol

---

(unit: mmol/L; enter 99999 if unknown or not done)

---

Triglycerides

---

(unit: mmol/L; enter 99999 if unknown or not done)

---

HDL cholesterol

---

(unit: mmol/L; enter 99999 if unknown or not done)



---

LDL Calculated

\_\_\_\_\_  
(unit: mmol/L; enter 99999 if unknown or not done)

---

Cholesterol/HDL ratio

\_\_\_\_\_  
(enter 99999 if unknown or not done)

---

Non-HDL cholesterol

\_\_\_\_\_  
(unit: mmol/L; enter 99999 if unknown or not done)

---

Lipid panel date

\_\_\_\_\_  
(if all cholesterol, triglycerides, HDL, LDL, and Cholesterol/HDL ratio unknown or not done, leave this date field blank)

---

Random Estradiol completed at Coté Lab

\_\_\_\_\_

---

Random estradiol collection date

\_\_\_\_\_

---

Random estradiol date processed

\_\_\_\_\_

---

Timed estradiol (E2) completed at Coté Lab

\_\_\_\_\_

---

Timed estradiol collection date

\_\_\_\_\_

---

Timed estradiol date processed

\_\_\_\_\_

---

Timed progesterone (P4) completed at Coté Lab

\_\_\_\_\_

---

Timed progesterone collection date

\_\_\_\_\_

---

Timed progesterone date processed

\_\_\_\_\_

---

LH completed at CW Lab

\_\_\_\_\_

---

LH collection date

\_\_\_\_\_

---

LH date processed

\_\_\_\_\_

---

Prolactin completed at CW Lab

\_\_\_\_\_

---

Prolactin collection date

---

---

Prolactin date processed

---

---

Estrone completed at Coté Lab

---

---

Estrone collection date

---

---

Estrone date processed

---

---

**Sample Collection and Processing Information**

---

Date of sample collection

---

---

Time of sample collection

---

---

Date sample processed

---

---

Time sample processed

---

---

PBMC done?

No  Yes

---

Date PBMCs transferred to liquid nitrogen

---

# C&W Test Results

Please complete the survey below.

Thank you!

---

Date of first sample collection \_\_\_\_\_

---

Which of the following were collected?

- All Standard Tests
- White blood cell (wbc)
- Red blood cell count (RBC)
- Hemoglobin (hgb)
- Hematocrit
- Mean corpuscular volume (mcv)
- MCH
- RDW
- Platelet count
- MPV
- Neutrophils
- Lymphocytes
- Monocytes
- Eosinophils
- Basophils
- Calcium
- Chloride
- Creatinine (from blood sample)
- Estimated GFR
- Potassium
- Cholesterol
- Triglycerides
- HDL Calculated
- LDL Cholesterol
- Non-HDL
- Magnesium
- Sodium
- Phosphate
- Total CO2
- Alkaline Phosphatase
- ALT
- AST
- Albumin
- FSH
- T3
- T4
- TSH
- HbA1C
- Mean Blood Glucose
- Microalbumin Random Urine
- Creatinine Random Urine
- Microalbumin Creat Urine ratio

---

White blood cell (wbc)

\_\_\_\_\_

(unit:  $\times 10^9/L$ )

---

Red blood cell count (RBC)

\_\_\_\_\_

(unit:  $\times 10^{12}/L$ )

---

---

Hemoglobin

---

(unit: g/L)

---

Hematocrit

---

---

Mean corpuscular volume (mcv)

---

(unit: fL)

---

MCH

---

(pg)

---

RDW

---

(unit: %)

---

Platelet count

---

(unit:  $\times 10^9/L$ )

---

MPV

---

(units: fL)

---

Neutrophils

---

(units:  $\times 10^9/L$ )

---

Lymphocytes

---

(units:  $\times 10^9/L$ )

---

Monocytes

---

(unit:  $\times 10^9/L$ )

---

Eosinophils

---

(unit:  $\times 10^9/L$ )

---

Basophils

---

(unit:  $\times 10^9/L$ )

---

Calcium

---

(unit: mmol/L)

---

Creatinine (from blood sample)

---

(unit:  $\mu\text{mol/L}$ )

---

---

Estimated GFR

---

(unit: mL/min)

---

Cholesterol

---

(unit: mmol/L)

---

Triglycerides

---

(unit: mmol/L)

---

HDL Cholesterol

---

(unit: mmol/L)

---

LDL Cholesterol

---

(unit: mmol/L)

---

Non-HDL

---

(unit: mmol/L)

---

Sodium

---

(unit: mmol/L)

---

Potassium

---

(unit: mmol/L)

---

Chloride

---

(unit: mmol/L)

---

Bicarbonate (Total CO2)

---

(unit: mmol/L)

---

Magnesium

---

(unit: mmol/L)

---

Phosphate

---

(unit: mmol/L)

---

Alkaline Phosphatase

---

(unit: U/L)

---

ALT

---

(unit: U/L)

---

---

AST

---

(unit: U/L)

---

Albumin

---

(unit: g/L)

---

FSH

---

(unit: IU/L)

---

T3

---

(unit: pmol/L)

---

T4

---

(unit: pmol/L)

---

TSH

---

(unit: mU/L)

---

HbA1C

---

(%)

---

Mean Blood Glucose

---

(unit: mmol/L)

---

Microalbumin Random Urine

---

(units: mg/L)

---

Creatinine Random Urine

---

(units: mmol/L)

---

Microalbumin Creat Urine ratio

---

(unit: mg/mmol Creat)

---

Was there a second sample collection?

- Yes  
 No
- 

Date of second sample collection

---

Which of the following were collected?

- White blood cell (wbc)
- Red blood cell count (RBC)
- Hemoglobin (hgb)
- Hematocrit
- Mean corpuscular volume (mcv)
- MCH
- RDW
- Platelet count
- MPV
- Neutrophils
- Lymphocytes
- Monocytes
- Eosinophils
- Basophils
- Calcium
- Chloride
- Creatinine (from blood sample)
- Estimated GFR
- Potassium
- Cholesterol
- Triglycerides
- HDL Calculated
- LDL Cholesterol
- Non-HDL
- Magnesium
- Sodium
- Phosphate
- Total CO2
- Alkaline Phosphatase
- ALT
- AST
- Albumin
- FSH
- T3
- T4
- TSH
- HbA1C
- Mean Blood Glucose
- Microalbumin Random Urine
- Creatinine Random Urine
- Microalbumin Creat Urine ratio

White blood cell (wbc)

\_\_\_\_\_

(unit:  $\times 10^9/L$ )

Red blood cell count (rbc)

\_\_\_\_\_

(unit:  $\times 10^9/L$ )

Hemoglobin

\_\_\_\_\_

(unit: g/L)

Hematocrit

\_\_\_\_\_

Mean corpuscular volume (mcv)

\_\_\_\_\_

(unit: fL)

---

MCH

---

(pg)

---

---

RDW

---

(%)

---

---

Platelets (plt)

---

(unit:  $\times 10^9/L$ )

---

---

MPV

---

(unit: fL)

---

---

Neutrophils

---

(unit:  $\times 10^9/L$ )

---

---

Lymphocytes

---

(unit:  $\times 10^9/L$ )

---

---

Monocytes

---

(unit:  $\times 10^9/L$ )

---

---

Eosinophils

---

(unit:  $\times 10^9/L$ )

---

---

Basophils

---

(unit:  $\times 10^9/L$ )

---

---

Calcium

---

(unit: mmol/L)

---

---

Creatinine (from blood sample)

---

(unit:  $\mu\text{mol/L}$ )

---

---

Estimated GFR

---

(unit: mL/min)

---

---

Potassium

---

(unit: mmol/L)

---

---

Cholesterol

---

(unit: mmol/L)

---



---

Triglycerides

---

(unit: mmol/L)

---

HDL Calculated

---

(unit: mmol/L)

---

LDL Cholesterol

---

(unit: mmol/L)

---

Non-HDL

---

(unit: mmol/L)

---

Magnesium

---

(unit: mmol/L)

---

Sodium

---

(unit: mmol/L)

---

Chloride

---

(unit: mmol/L)

---

Phosphate

---

(unit: mmol/L)

---

Bicarbonate (Total CO2)

---

(unit: mmol/L)

---

Alkaline Phosphatase

---

(unit: U/L)

---

ALT

---

(unit: U/L)

---

AST

---

(unit: U/L)

---

Albumin

---

(unit: g/L)

---

FSH

---

(unit: IU/L)

---

---

T3

---

(unit: pmol/L)

---

T4

---

(unit: pmol/L)

---

TSH

---

(unit: mU/L)

---

HbA1C

---

(%)

---

Mean Blood Glucose

---

(unit: mmol/L)

---

Microalbumin Random Urine

---

(unit: mg/L)

---

Creatinine Random Urine

---

(unit: mmol/L)

---

Microalbumin Creat Urine ratio

---

(units: mg/mmol Creat)

---

Was there a third sample collection?

- Yes  
 No
- 

Date of first sample collection

---

Which of the following were collected?

- White blood cell (wbc)
- Red blood cell count (RBC)
- Hemoglobin (hgb)
- Hematocrit
- Mean corpuscular volume (mcv)
- MCH
- RDW
- Platelet count
- MPV
- Neutrophils
- Lymphocytes
- Monocytes
- Eosinophils
- Basophils
- Calcium
- Chloride
- Creatinine (from blood sample)
- Estimated GFR
- Potassium
- Cholesterol
- Triglycerides
- HDL Calculated
- LDL Cholesterol
- Non-HDL
- Magnesium
- Sodium
- Phosphate
- Total CO2
- Alkaline Phosphatase
- ALT
- AST
- Albumin
- FSH
- T3
- T4
- TSH
- HbA1C
- Mean Blood Glucose
- Microalbumin Random Urine
- Creatinine Random Urine
- Microalbumin Creat Urine ratio

White blood cell (wbc)

\_\_\_\_\_

(unit:  $\times 10^9/L$ )

Red blood cell count (rbc)

\_\_\_\_\_

(unit:  $\times 10^9/L$ )

Hemoglobin

\_\_\_\_\_

(unit: g/L)

Hematocrit

\_\_\_\_\_

Mean corpuscular volume (mcv)

\_\_\_\_\_

(unit: fL)

---

MCH	<hr/> (pg)
RDW	<hr/> (%)
Platelets (plt)	<hr/> (unit: $\times 10^9/L$ )
MPV	<hr/> (unit: fL)
Neutrophils	<hr/> (unit: $\times 10^9/L$ )
Lymphocytes	<hr/> (unit: $\times 10^9/L$ )
Monocytes	<hr/> (unit: $\times 10^9/L$ )
Eosinophils	<hr/> (unit: $\times 10^9/L$ )
Basophils	<hr/> (unit: $\times 10^9/L$ )
Calcium	<hr/> (unit: mmol/L)
Creatinine (from blood sample)	<hr/> (unit: $\mu\text{mol/L}$ )
Estimated GFR	<hr/> (unit: mL/min)
Cholesterol	<hr/> (unit: mmol/L)
Triglycerides	<hr/> (unit: mmol/L)

---

HDL Calculated

---

(unit: mmol/L)

---

LDL Cholesterol

---

(unit: mmol/L)

---

Non-HDL

---

(unit: mmol/L)

---

Sodium

---

(unit: mmol/L)

---

Potassium

---

(unit: mmol/L)

---

Chloride

---

(unit: mmol/L)

---

Bicarbonate (Total CO2)

---

(unit: mmol/L)

---

Magnesium

---

(unit: mmol/L)

---

Phosphate

---

(unit: mmol/L)

---

Alkaline Phosphatase

---

(unit: U/L)

---

ALT

---

(unit: U/L)

---

AST

---

(unit: U/L)

---

Albumin

---

(unit: g/L)

---

FSH

---

(unit: IU/L)

---

---

T3

---

(unit: pmol/L)

---

T4

---

(unit: pmol/L)

---

TSH

---

(unit: mU/L)

---

HbA1C

---

(%)

---

Mean Blood Glucose

---

(unit: mmol/L)

---

Microalbumin Random Urine

---

(unit: mg/L)

---

Creatinine Random Urine

---

(unit: mmol/L)

---

Microalbumin Creat Urine ratio

---

(units: mg/mmol Creat)

---

Was timed Hormonal Blood collected?

- Yes  
 No
- 

Date of Luteal phase collection (P4)

---

Date of Follicular phase collection (E2)

---

## BCC3 Substance Use

Please complete the survey below.

Thank you!

**This section will ask about your potential use of alcohol, tobacco, cannabis, and other substances. This includes prescription medications used differently than for which they were prescribed.**

**Your lived experiences are very valuable in helping us understand the factors that affect women's health and aging. We understand that some of these questions may be sensitive or difficult to answer. Please know that your responses are completely confidential.**

Have you EVER used cigarettes/tobacco, alcohol, or drugs recreationally (non-medicinally)?  
Select one

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever smoked cigarettes regularly? If so, did you smoke cigarettes within the past 3 months?

- Within 3 months
- More than 3 months ago
- Never

How old were you when you first started smoking cigarettes?

- Don't know
- Prefer not to answer
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- 100

(Enter 9999 if "Don't know" or 7777 if "Prefer not to answer" )

---

Please specify the frequency of current cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of current cigarettes smoked [prsnt\_freq\_pack\_yrs].

\*In BC, most packs sold have 20 cigarettes.

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  - 100
- (cigarettes)

For how long have you smoked [prnt\_qty\_pack\_yrs]  
cigarettes [prnt\_freq\_pack\_yrs] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [prcnt\_qty\_pack\_yrs] cigarettes [prcnt\_freq\_pack\_yrs] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Looking at your entire smoking history as a whole, how many times did you abstain from smoking cigarettes for a period of more than 3 months?

- 1
- 2
- 3
- 4
- 5
- 6-10
- >10

---

Prior to smoking [prcnt\_qty\_pack\_yrs] cigarettes [prcnt\_freq\_pack\_yrs] for [prcnt\_dur\_pack\_yrs] [prcnt\_dur\_un\_pack\_yrs], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

**Considering all of your years smoking since the age that you started, the following questions will ask you for an average of cigarettes daily, weekly, monthly or yearly, whichever applies to you. We're looking for one number that represents your best estimate over this period of time.**

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs1] cigarettes smoked.

\*In Canada, most packs sold have 20 cigarettes.

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  - 100
- (cigarettes)



For how long have you smoked [pstqty\_pack\_yrs1]  
cigarettes [pstfreq\_pack\_yrs1] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs1] cigarettes [pstfreq\_pack\_yrs1] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of cigarettes change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

---

Any additional information not captured above in regards to cigarette smoking?

---

**End of current smoking questions.**

Prior to smoking [pstqty\_pack\_yrs1] cigarettes  
[pstfreq\_pack\_yrs1] for [pstdur\_pack\_yrs1]  
[pstdur\_un\_pack\_yrs1], how would you describe your  
past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs2] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs2] cigarettes [pstfreq\_pack\_yrs2] for [pstdur\_pack\_yrs2] [pstdur\_un\_pack\_yrs2], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs3] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs3]  
cigarettes [pstfreq\_pack\_yrs3] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- 100

(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs3] cigarettes [pstfreq\_pack\_yrs3] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs3] cigarettes [pstfreq\_pack\_yrs3] for [pstdur\_pack\_yrs3] [pstdur\_un\_pack\_yrs3], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs4] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs4]  
cigarettes [pstfreq\_pack\_yrs4] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs4] cigarettes [pstfreq\_pack\_yrs4] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs4] cigarettes [pstfreq\_pack\_yrs4] for [pstdur\_pack\_yrs4] [pstdur\_un\_pack\_yrs4], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs5] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs5]  
cigarettes [pstfreq\_pack\_yrs5] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs5] cigarettes [pstfreq\_pack\_yrs5] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs5] cigarettes [pstfreq\_pack\_yrs5] for [pstdur\_pack\_yrs5] [pstdur\_un\_pack\_yrs5], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs6] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs6]  
cigarettes [pstfreq\_pack\_yrs6] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs6] cigarettes [pstfreq\_pack\_yrs6] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs6] cigarettes [pstfreq\_pack\_yrs6] for [pstdur\_pack\_yrs6] [pstdur\_un\_pack\_yrs6], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs7] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs7]  
cigarettes [pstfreq\_pack\_yrs7] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs7] cigarettes [pstfreq\_pack\_yrs7] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
  - weeks
  - months
  - years
- 

Prior to smoking [pstqty\_pack\_yrs7] cigarettes [pstfreq\_pack\_yrs7] for [pstdur\_pack\_yrs7] [pstdur\_un\_pack\_yrs7], how would you describe your past cigarette use?

Select one

- More before
  - Less before
  - None before
  - Don't know / Don't remember
  - Prefer not to answer
- 

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs8] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs8]  
cigarettes [pstfreq\_pack\_yrs8] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs8] cigarettes [pstfreq\_pack\_yrs8] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs8] cigarettes [pstfreq\_pack\_yrs8] for [pstdur\_pack\_yrs8] [pstdur\_un\_pack\_yrs8], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs9] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs9]  
cigarettes [pstfreq\_pack\_yrs9] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you smoked [pstqty\_pack\_yrs9] cigarettes [pstfreq\_pack\_yrs9] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs9] cigarettes [pstfreq\_pack\_yrs9] for [pstdur\_pack\_yrs9] [pstdur\_un\_pack\_yrs9], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cigarette use.  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

Please specify the quantity of past  
[pstfreq\_pack\_yrs10] cigarettes smoked.

\*In Canada, most packs sold have 25 cigarettes, but  
packs of 20 are also popular.

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  - 100
- (cigarettes)

For how long have you smoked [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you smoked [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to smoking [pstqty\_pack\_yrs10] cigarettes [pstfreq\_pack\_yrs10] for [pstdur\_pack\_yrs10] [pstdur\_un\_pack\_yrs10], how would you describe your past cigarette use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Have you ever drank alcohol? If so, did you drink alcohol within the last 3 months?

- Yes, within 3 months
- Yes, but more than 3 months ago
- No, never

How old were you when you first started drinking?

- Don't know
- Prefer not to answer
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Please specify the frequency of current alcohol use  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of current  
[prnt\_freq\_drnk\_yrs] alcohol use

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  - 100
- (drinks)

For how long have you drank [prsnt\_qty\_drnk\_yrs]  
drinks of alcohol [prsnt\_freq\_drnk\_yrs] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

For how long have you drank [prcnt\_qty\_drnk\_yrs] drinks of alcohol [prcnt\_freq\_drnk\_yrs] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

Prior to drinking [prcnt\_qty\_drnk\_yrs] drinks [prcnt\_freq\_drnk\_yrs] for [prcnt\_dur\_drnk\_yrs] [prcnt\_dur\_un\_drnk\_yrs], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

**Considering all of your years drinking alcohol between your current use and the age that you started, we'd like to ask you for an average of drinks daily, weekly, monthly or yearly whichever is accurate for you. We're looking for one number that represents your best estimate over this period of time.**

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs1] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs1] drinks  
of alcohol [pstfreq\_drnk\_yrs1] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs1] drinks of alcohol [pstfreq\_drnk\_yrs1] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of alcohol change due to the COVID-19 pandemic?

- Yes, increased
- Yes, increased then returned to usual use
- Yes, increased initially and then decreased below usual use
- Yes, decreased
- Yes, decreased then returned to usual use
- Yes, decreased initially and then increased above usual use
- No, stayed the same
- Don't know
- Prefer not to answer

---

Any additional information not captured above in regards to alcohol use

---

**End of current alcohol section**

Prior to drinking [pstqty\_drnk\_yrs1] drinks  
[pstfreq\_drnk\_yrs1] for [pstdur\_drnk\_yrs1]  
[pstdur\_un\_drnk\_yrs1], how would you describe your  
past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Please specify the frequency of past alcohol use?

Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs2] alcohol use

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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs2] drinks  
of alcohol [pstfreq\_drnk\_yrs2] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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  - 100
- (Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs2] drinks of alcohol [pstfreq\_drnk\_yrs2] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs2] drinks [pstfreq\_drnk\_yrs2] for [pstdur\_drnk\_yrs2] [pstdur\_un\_drnk\_yrs2], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs3] alcohol use

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  - 100
- (drinks)



For how long did you drink [pstqty\_drnk\_yrs3] drinks  
of alcohol [pstfreq\_drnk\_yrs3] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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  - 100
- (Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs3] drinks of alcohol [pstfreq\_drnk\_yrs3] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs3] drink(s) [pstfreq\_drnk\_yrs3] for [pstdur\_drnk\_yrs3] [pstdur\_un\_drnk\_yrs3], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs4] alcohol use

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  - 99
  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs4] drink(s)  
of alcohol [pstfreq\_drnk\_yrs4] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs4] drink(s) of alcohol [pstfreq\_drnk\_yrs4] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs4] drinks [pstfreq\_drnk\_yrs4] for [pstdur\_drnk\_yrs4] [pstdur\_un\_drnk\_yrs4], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs5] alcohol use

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  - 100
- (drinks)



For how long did you drink [pstqty\_drnk\_yrs5] drink(s)  
of alcohol [pstfreq\_drnk\_yrs5] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs5] drink(s) of alcohol [pstfreq\_drnk\_yrs5] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs5] drink(s) [pstfreq\_drnk\_yrs5] for [pstdur\_drnk\_yrs5] [pstdur\_un\_drnk\_yrs5], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs6] alcohol use

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  - 99
  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs6] drink(s)  
of alcohol [pstfreq\_drnk\_yrs6] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

- 1
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- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs6] drink(s) of alcohol [pstfreq\_drnk\_yrs6] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs6] drink(s) [pstfreq\_drnk\_yrs6] for [pstdur\_drnk\_yrs6] [pstdur\_un\_drnk\_yrs6], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs7] alcohol use

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  - 100
- (drinks)



For how long did you drink [pstqty\_drnk\_yrs7] drink(s)  
of alcohol [pstfreq\_drnk\_yrs7] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

- 1
- 2
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(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs7] drink(s) of alcohol [pstfreq\_drnk\_yrs7] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs7] drink(s) [pstfreq\_drnk\_yrs7] for [pstdur\_drnk\_yrs7] [pstdur\_un\_drnk\_yrs7], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs8] alcohol use

- 1
- 2
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  - 99
  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs8] drink(s)  
of alcohol [pstfreq\_drnk\_yrs8] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

- 1
- 2
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- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs8] drink(s) of alcohol [pstfreq\_drnk\_yrs8] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs8] drink(s) [pstfreq\_drnk\_yrs8] for [pstdur\_drnk\_yrs8] [pstdur\_un\_drnk\_yrs8], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs9] alcohol use

- 1
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  - 98
  - 99
  - 100
- (drinks)



For how long did you drink [pstqty\_drnk\_yrs9] drink(s)  
of alcohol [pstfreq\_drnk\_yrs9] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

- 1
- 2
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- 4
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- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs9] drink(s) of alcohol [pstfreq\_drnk\_yrs9] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Prior to drinking [pstqty\_drnk\_yrs9] drink(s) [pstfreq\_drnk\_yrs9] for [pstdur\_drnk\_yrs9] [pstdur\_un\_drnk\_yrs9], how would you describe your past alcohol use?

Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past alcohol use?  
Select one

- Daily
- Weekly
- Monthly
- Yearly
- Don't know
- Prefer not to answer

---

What's a "standard" drink?

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

Bottle of Wine = 5 drinks

Bottle of Spirits = 17 drinks

Please specify the quantity of past  
[pstfreq\_drnk\_yrs10] alcohol use

- 1
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  - 100
- (drinks)

For how long did you drink [pstqty\_drnk\_yrs10]  
drink(s) of alcohol [pstfreq\_drnk\_yrs10] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you drink [pstqty\_drnk\_yrs10] drink(s) of alcohol [pstfreq\_drnk\_yrs10] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Prior to drinking [pstqty\_drnk\_yrs10] drinks [pstfreq\_drnk\_yrs10] for [pstdur\_drnk\_yrs10] [pstdur\_un\_drnk\_yrs10], how would you describe your past alcohol use?

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

Select one

**Are you currently using or have you ever used any of the following substances? Select all that apply.**

	Daily	Weekly	Monthly	Yearly	Less than once a year	No current use (past 3 months), but has used and quit in the past	No current use, but tried once in the past	Never - no current or past use	Don't know	Prefer not to answer
Tobacco (ALTERNATE forms other than smoking cigarettes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana - CBD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana - THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dust, horse, junk, down, or downtown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin + Cocaine (speedballs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine alone (uptown, up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (rock, freebase cocaine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, jib, gak)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dilaudid (hydromorphone, hydrochloride)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OxyContin/OxyCodone/OxyNeo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methadone (methadose)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talwin & Ritalin (T&Rs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3s T4s (codeine) or any over-the-counter drug containing codeine not as prescribed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy equivalent (x-tasy, E.X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gabapentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDA (Sassafras, Sally)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed (amphetamines, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acid (LSD, PCP, angel dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms (magic mushrooms, mush)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ketamine (special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl or Carfentanil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next section will ask about current frequency or past duration of use for each individual substance indicated above. We are looking for numbers that represent your best estimate.**

How many days do you use tobacco (alternate forms other than cigarettes) weekly?

1  
 2  
 3  
 4  
 5  
 6

How many days do you use tobacco (alternate forms other than cigarettes) monthly?

1  
 2  
 3  
 4

How many days do you use tobacco (alternate forms other than cigarettes) yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

How long has it been since you quit tobacco (alternate forms other than smoking cigarettes)?

\_\_\_\_\_

Specify months or years in the following question.

Please specify if the answer to the previous question is in months or years.

Months  
 Years

How many total years have you used tobacco (alternate forms other than smoking cigarettes)?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

How many days do you use marijuana (CBD) weekly?

1  
 2  
 3  
 4  
 5  
 6

How many days do you use marijuana (CBD) monthly?

1  
 2  
 3  
 4



---

How many days do you use marijuana (CBD) yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit marijuana (CBD)?

Specify months or years in the following question. \_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

Months  
 Years

---

How many total years have you used marijuana (CBD)?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

How many days do you use marijuana (THC) weekly?

1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use marijuana (THC) monthly?

1  
 2  
 3  
 4

---

How many days do you use marijuana (THC) yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit marijuana (THC)?

Specify months or years in the following question. \_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

Months  
 Years

---

How many total years have you used marijuana (THC)?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

How many days do you use heroin weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use heroin monthly?

- 1
- 2
- 3
- 4

---

How many days do you use heroin yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit heroin?

Specify months or years in the following question. \_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used heroin?

\_\_\_\_\_

(This does not include years where you stopped or quit. )

---

How many days do you use heroin + cocaine (speedballs) weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use heroin + cocaine (speedballs) monthly?

- 1
- 2
- 3
- 4

---

How many days do you use heroin + cocaine (speedballs) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit heroin + cocaine (speedballs)?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used heroin + cocaine (speedballs)?

---

(This does not include years where you stopped or quit. )

---

How many days do you use cocaine weekly?

- 1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use cocaine monthly?

- 1  
 2  
 3  
 4

---

How many days do you use cocaine yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit cocaine?

Specify months or years in the following question.

---

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used cocaine?

---

(This does not include years where you stopped or quit. )

---

How many days do you use crack weekly?

- 1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use crack monthly?

1  
 2  
 3  
 4

---

How many days do you use crack yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit crack?

Specify months or years in the following question. \_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

Months  
 Years

---

How many total years have you used crack?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

How many days do you use methamphetamine (crystal meth, ice, jib, gak) weekly?

1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use methamphetamine (crystal meth, ice, jib, gak) monthly?

1  
 2  
 3  
 4

---

How many days do you use methamphetamine (crystal meth, ice, jib, gak) yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit methamphetamine (crystal meth, ice, jib, gak)?

Specify months or years in the following question. \_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

Months  
 Years

---

---

How many total years have you used methamphetamine  
(crystal meth, ice, jib, gak)?

(This does not include years where you stopped or  
quit. )

---

How many days do you use benzodiazepine weekly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
- 

How many days do you use benzodiazepine monthly?

- 1
  - 2
  - 3
  - 4
- 

How many days do you use benzodiazepine yearly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
- 

How long has it been since you quit benzodiazepine?

Specify months or years in the following question.

\_\_\_\_\_

---

Please specify if the answer to the previous question  
is in months or years.

- Months
  - Years
- 

How many total years have you used benzodiazepine?

(This does not include years where you stopped or  
quit. )

---

How many days do you use dilaudid (hydromorphone,  
hydrochloride) weekly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
- 

How many days do you use dilaudid (hydromorphone,  
hydrochloride) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How many days do you use dilaudid (hydromorphone, hydrochloride) monthly?

- 1  
 2  
 3  
 4

---

How long has it been since you quit dilaudid (hydromorphone, hydrochloride)?

\_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used dilaudid (hydromorphone, hydrochloride)?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

---

How many days do you use OxyContin/ OxyCodone/ OxyNeo weekly?

- 1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use OxyContin/ OxyCodone/ OxyNeo monthly?

- 1  
 2  
 3  
 4

---

How many days do you use OxyContin/ OxyCodone/ OxyNeo yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit OxyContin/ OxyCodone/ OxyNeo?

\_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used OxyContin/ OxyCodone/ OxyNeo?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

---

How many days do you use morphine weekly?

1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use morphine monthly?

1  
 2  
 3  
 4

---

How many days do you use morphine yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit morphine?

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

Months  
 Years

---

How many total years have you used morphine?

---

(This does not include years where you stopped or quit. )

---

How many days do you use methadone (methadose) weekly?

1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use methadone (methadose) monthly?

1  
 2  
 3  
 4

---

How many days do you use methadone (methadose) yearly?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit methadone (methadose)? \_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used methadone (methadose)?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

How many days do you use talwin & ritalin (T&Rs) weekly?

- 1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use talwin & ritalin (T&Rs) monthly?

- 1  
 2  
 3  
 4

---

How many days do you use talwin & ritalin (T&Rs) yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit talwin & ritalin (T&Rs)? \_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used talwin & ritalin (T&Rs)?

\_\_\_\_\_  
(This does not include years where you stopped or quit. )

---

How many days do you use T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed weekly?

- 1  
 2  
 3  
 4  
 5  
 6



---

How many days do you use T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed monthly?

- 1  
 2  
 3  
 4

---

How many days do you use T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed?

\_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years

---

How many total years have you used T3s, T4s (codeine) or any other over-the-counter drug containing codeine not as prescribed?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

---

How many days do you use ecstasy equivalent x-tasy, E.X) weekly?

- 1  
 2  
 3  
 4  
 5  
 6

---

How many days do you use ecstasy equivalent x-tasy, E.X) monthly?

- 1  
 2  
 3  
 4

---

How many days do you use ecstasy equivalent x-tasy, E.X) yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11

---

How long has it been since you quit ecstasy equivalent x-tasy, E.X)?

\_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years
- 

How many total years have you used ecstasy equivalent (X-tasy, E.X)?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

---

How many days do you use gabapentin weekly?

- 1  
 2  
 3  
 4  
 5  
 6
- 

How many days do you use gabapentin monthly?

- 1  
 2  
 3  
 4
- 

How many days do you use gabapentin yearly?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11
- 

How long has it been since you quit gabapentin?

Specify months or years in the following question.

\_\_\_\_\_

---

Please specify if the answer to the previous question is in months or years.

- Months  
 Years
- 

How many total years have you used gabapentin?

\_\_\_\_\_ (This does not include years where you stopped or quit. )

---

How many days do you use MDA (Sassafras, Sally) weekly?

- 1  
 2  
 3  
 4  
 5  
 6
- 

How many days do you use MDA (Sassafras, Sally) monthly?

- 1  
 2  
 3  
 4

---

How many days do you use MDA (Sassafras, Sally) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit MDA (Sassafras, Sally)?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used MDA (Sassafras, Sally)?

---

(This does not include years where you stopped or quit. )

---

How many days do you use speed (amphetamines, uppers) weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use speed (amphetamines, uppers) monthly?

- 1
- 2
- 3
- 4

---

How many days do you use speed (amphetamines, uppers) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit speed (amphetamines, uppers)?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used speed  
(amphetamines, uppers)?

\_\_\_\_\_  
(This does not include years where you stopped or  
quit. )

---

How many days do you use acid (LSD, PCP, angel dust)  
weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use acid (LSD, PCP, angel dust)  
monthly?

- 1
- 2
- 3
- 4

---

How many days do you use acid (LSD, PCP, angel dust)  
yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit acid (LSD, PCP,  
angel dust)?

\_\_\_\_\_

Specify months or years in the following question.

---

Please specify if the answer to the previous question  
is in months or years.

- Months
- Years

---

How many total years have you used acid (LSD, PCP,  
angel dust)?

\_\_\_\_\_  
(This does not include years where you stopped or  
quit. )

---

How many days do you use mushrooms (magic mushrooms,  
mush) weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use mushrooms (magic mushrooms,  
mush) monthly?

- 1
- 2
- 3
- 4

---

How many days do you use mushrooms (magic mushrooms, mush) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit mushrooms (magic mushrooms, mush)?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used mushrooms (magic mushrooms, mush)?

---

(This does not include years where you stopped or quit. )

---

How many days do you use ketamine (special K) weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use ketamine (special K) monthly?

- 1
- 2
- 3
- 4

---

How many days do you use ketamine (special K) yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit ketamine (special K)?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used ketamine (special K)?

(This does not include years where you stopped or quit. )

---

How many days do you use sleeping pills weekly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
- 

How many days do you use sleeping pills monthly?

- 1
  - 2
  - 3
  - 4
- 

How many days do you use sleeping pills yearly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
- 

How long has it been since you quit sleeping pills?

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
  - Years
- 

How many total years have you used sleeping pills?

(This does not include years where you stopped or quit. )

---

How many days do you use fentanyl or carfentanil weekly?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
- 

How many days do you use fentanyl or carfentanil monthly?

- 1
- 2
- 3
- 4

---

How many days do you use fentanyl or carfentanil yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit fentanyl or carfentanil?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used fentanyl or carfentanil?

---

(This does not include years where you stopped or quit. )

---

Please specify the "other" drug, you indicated you use

---

---

How many days do you use [substothespec] weekly?

- 1
- 2
- 3
- 4
- 5
- 6

---

How many days do you use [substothespec] monthly?

- 1
- 2
- 3
- 4

---

How many days do you use [substothespec] yearly?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

---

How long has it been since you quit [substothespec]?

---

Specify months or years in the following question.

---

Please specify if the answer to the previous question is in months or years.

- Months
- Years

---

How many total years have you used [substothspec]?

(This does not include years where you stopped or quit. )

---

Do you vape (also known as smoking e-cigarettes)?

- Yes
  - No
  - Don't know
  - Prefer not to answer
- 

Please select the substance(s) in your e-liquid or e-juice

- Nicotine
  - THC
  - CBD
  - Other
  - Don't know
  - prefer not to answer
- 

Did your use of substances (other than smoking cigarettes or drinking alcohol) change due to the COVID-19 pandemic?

- Yes, increased
  - Yes, increased then returned to usual use
  - Yes, increased initially and then decreased below usual use
  - Yes, decreased
  - Yes, decreased then returned to usual use
  - Yes, decreased initially and then increased above usual use
  - No, stayed the same
  - Don't know
  - Prefer not to answer
- 

Please specify other

\_\_\_\_\_

---

How often do you use your e-cigarette / vape?

- Daily
  - Weekly
  - Monthly
  - Less than once a month, but more than once a year
  - Less than once a year
  - Don't know
  - Prefer not to answer
- 

Did your use of e-cigarette/vape change due to the COVID-19 pandemic?

- Yes, increased
  - Yes, increased then returned to usual use
  - Yes, increased initially and then decreased below usual use
  - Yes, decreased
  - Yes, decreased then returned to usual use
  - Yes, decreased initially and then increased above usual use
  - No, stayed the same
  - Don't know
  - Prefer not to answer
- 

Have you ever experienced an overdose?  
Select on

- Yes
- No
- Don't know
- Prefer not to answer



How many overdoses have you experienced in the last 6 months?

Indicate number:

- Don't know
- Prefer not to answer
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
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- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100

**These next questions ask about your experiences of discrimination in your day-to-day life due to your use of illegal drugs (i.e., heroin, cocaine) or legal drugs (i.e. prescription) not in the manner they were prescribed. Please think carefully, and do your best to answer each question.**

**The following nine questions are part of a validated survey.**

**Select one per row.**

	Not at all	Just a little	Somewhat	Very much	Prefer not to answer
a. How much do you feel that you need to hide your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much do you feel ashamed of using drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How much do you feel people avoid you because you use drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How much do you fear you will lose your friends because you use drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. How much do you fear family will reject you because you use drugs?

f. How much do you think drug use is a punishment for something?

g. How much do you feel that people do not want you around their children because you use drugs?

h. How much do you think other people are uncomfortable being around you because you use drugs?

i. How much do you think health care providers are uncomfortable treating you because you use drugs?

---

Confirmed Current Opiate User

**End of current substance use section**

Please specify the quantity of current [subst\_cbd] marijuana (CBD) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current marijuana (CBD) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_cbd] [curr\_qty\_cbd] of marijuana (CBD) [subst\_cbd] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
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- 99
- 100

(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_cbd] [curr\_qty\_cbd] of marijuana (CBD) [subst\_cbd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current marijuana (CBD) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past marijuana (CBD) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past marijuana (CBD) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_cbd] marijuana (CBD)  
[pstfreq\_cbd] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

- 1
- 2
- 3
- 4
- 5
- 6
- 7
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- 9
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- 92
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- 95
- 96
- 97
- 98
- 99
- 100

(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_cbd] marijuana (CBD) [pstfreq\_cbd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of marijuana (CBD) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_thc] marijuana (THC) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current marijuana (THC) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_thc] [curr\_qty\_thc] of marijuana (THC) [subst\_thc] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

- 1
- 2
- 3
- 4
- 5
- 6
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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_thc] [curr\_qty\_thc] of marijuana (THC) [subst\_thc] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current marijuana (THC) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past marijuana (THC) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past marijuana (THC) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Vaped (e-cigarette)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_thc] marijuana (THC) [pstfreq\_thc] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_thc] marijuana (THC) [pstfreq\_thc] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of marijuana (THC) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_heroin] heroin use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current heroin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_heroin]  
[curr\_qty\_heroin] of heroin [subst\_heroin] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_heroin]  
[curr\_qty\_heroin] of heroin [subst\_heroin] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current heroin use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past heroin use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past heroin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_heroin] heroin  
[pstfreq\_heroin] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_heroin] heroin [pstfreq\_heroin] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of heroin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_spdblls] heroin + cocaine (speedballs) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current heroin + cocaine (speedballs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_spdblls]  
[curr\_qty\_spdblls] of heroin + cocaine (speedballs)  
[subst\_spdblls] for?  
  
Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_spdblls] [curr\_qty\_spdblls] of heroin + cocaine (speedballs) [subst\_spdblls] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current heroin + cocaine (speedballs) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past heroin + cocaine (speedballs) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past heroin + cocaine (speedballs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_spdblls] heroin + cocaine (speedballs) [pstfreq\_spdblls] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_spdblls] heroin + cocaine (speedballs) [pstfreq\_spdblls] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of heroin + cocaine (speedballs) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_cocn] cocaine (uptown, up) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current cocaine (uptown, up) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_cocn] [curr\_qty\_cocn]  
of cocaine [subst\_cocn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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- (Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_cocn] [curr\_qty\_cocn] of cocaine [subst\_cocn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Please specify the route of past cocaine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

---

Compared to your current cocaine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past cocaine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

For how long did you [pstrt\_cocn] cocaine  
[pstfreq\_cocn] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_cocn] cocaine [pstfreq\_cocn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of cocaine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_crck] crack (rock, freebase cocaine) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current crack (rock, freebase cocaine) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_crck] [curr\_qty\_crck]  
of crack [subst\_crck] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_crck] [curr\_qty\_crck] of crack [subst\_crck] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current crack use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past crack use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past crack use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_crck] crack [pstfreq\_crck] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_crck] crack [pstfreq\_crck] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of crack change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_meth] methamphetamine (crystal meth, ice, jib, gak) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current methamphetamine (crystal meth, ice, jib, gak) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_meth] [curr\_qty\_meth]  
of methamphetamine [subst\_meth] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_meth] [curr\_qty\_meth] of methamphetamine [subst\_meth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current methamphetamine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past methamphetamine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past methamphetamine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_meth] methamphetamine  
[pstfreq\_meth] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_meth] methamphetamine [pstfreq\_meth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of methamphetamine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_benzo] benzodiazepine use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current benzodiazepine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_benzo] [curr\_qty\_benzo]  
of benzodiazepine [subst\_benzo] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_benzo] [curr\_qty\_benzo] of benzodiazepine [subst\_benzo] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current benzodiazepine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past benzodiazepine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past benzodiazepine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_benzo] benzodiazepine  
[pstfreq\_benzo] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_benzo] benzodiazepine [pstfreq\_benzo] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of benzodiazepine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_dildd] dilaudid (hydromorphone, hydrochloride) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current dilaudid (hydromorphone, hydrochloride) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_dildd] [curr\_qty\_dildd]  
of dilaudid [subst\_dildd] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_dildd] [curr\_qty\_dildd] of dilaudid [subst\_dildd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current dilaudid use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past dilaudid use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past dilaudid use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_dildd] dilaudid  
[pstfreq\_dildd] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_dildd] dilaudid [pstfreq\_dildd] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of dilaudid change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_oxy] OxyContin/OxyCodone/OcyNeo use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current OxyContin/OxyCodone/OcyNeo use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_oxy] [curr\_qty\_oxy] of  
OxyContin/OxyCodone/OcyNeo [subst\_oxy] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_oxy] [curr\_qty\_oxy] of OxyContin/OxyCodone/OcyNeo [subst\_oxy] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current OxyContin/OxyCodone/OcyNeo use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past OxyContin/OxyCodone/OcyNeo use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past OxyContin/OxyCodone/OcyNeo use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_oxy]  
OxyContin/OxyCodone/OxyNeo [pstfreq\_oxy] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

For how long did you [pstrt\_oxy]  
OxyContin/OxyCodone/OcyNeo [pstfreq\_oxy] for?  
Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

Did your use of OxyContin/OxyCodone/OcyNeo change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

Please specify the quantity of current [subst\_morph]  
morphine use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

Please specify the route of current morphine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_morph] [curr\_qty\_morph]  
of morphine [subst\_morph] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_morph] [curr\_qty\_morph] of morphine [subst\_morph] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current morphine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past morphine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past morphine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_morph] morphine  
[pstfreq\_morph] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_morph] morphine [pstfreq\_morph] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of morphine change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_methdn] methadone (methadose) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current methadone (methadose) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_methdn]  
[curr\_qty\_methdn] of methadone (methadose)  
[subst\_methdn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_methdn] [curr\_qty\_methdn] of methadone (methadose) [subst\_methdn] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current methadone use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of methadone (methadose) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past methadone (methadose) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_methdn] methadone  
(methadose) [pstfreq\_methdn] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_methdn] methadone (methadose) [pstfreq\_methdn] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of methadone (methadose) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_tr] talwin & ritalin (T&Rs) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current talwin & ritalin (T&Rs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_tr] [curr\_qty\_tr] of  
talwin & ritalin (T&Rs) [subst\_tr] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_tr] [curr\_qty\_tr] of talwin & ritalin (T&Rs) [subst\_tr] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current talwin & ritalin (T&Rs) use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past talwin & ritalin (T&Rs) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past talwin & ritalin (T&Rs) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_tr] talwin & ritalin  
(T&Rs) [pstfreq\_tr] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_tr] talwin & ritalin (T&Rs) [pstfreq\_tr] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of talwin & ritalin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine use

\_\_\_\_\_  
(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current T3s T4s (codeine) or any over-the-counter drug containing codeine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long have you [curr\_rt\_codeine]  
[curr\_qty\_codeine] of T3s T4s (codeine) or any  
over-the-counter drug containing codeine  
[subst\_codeine] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_codeine]  
[curr\_qty\_codeine] of T3s T4s (codeine) or any  
over-the-counter drug containing codeine  
[subst\_codeine] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down  
list

---

Compared to your current T3s T4s (codeine) or any  
over-the-counter drug containing codeine use, how  
would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of T3s T4s (codeine) or  
any over-the-counter drug containing codeine use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past T3s T4s (codeine) or  
any over-the-counter drug containing codeine use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine [pstfreq\_codeine] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_codeine] T3s T4s (codeine) or any over-the-counter drug containing codeine [pstfreq\_codeine] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Did your use of T3s T4s (codeine) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_ecst] ecstasy equivalent (x-tasy, E.X.) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current ecstasy (x-tasy, E.X.) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_ecst] [curr\_qty\_ecst]  
of ecstasy [subst\_ecst] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_ecst] [curr\_qty\_ecst] of ecstasy [subst\_ecst] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current ecstasy use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past ecstasy use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past ecstasy use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_ecst] ecstasy  
[pstfreq\_ecst] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_ecst] ecstasy [pstfreq\_ecst] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of ecstasy change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_gabaptn] gabapentin use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current gabapentin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_gabaptn]  
[curr\_qty\_gabaptn] of gabapentin [subst\_gabaptn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_gabaptn] [curr\_qty\_gabaptn] of gabapentin [subst\_gabaptn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current gabapentin use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past gabapentin use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past gabapentin use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_gabaptn] gabapentin  
[pstfreq\_gabaptn] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long did you [pstrt\_gabaptn] gabapentin [pstfreq\_gabaptn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of gabapentin change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_mda] MDA use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current MDA use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_mda] [curr\_qty\_mda] of MDA [subst\_mda] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rt\_mda] [curr\_qty\_mda] of MDA [subst\_mda] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current MDA use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past MDA use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past MDA use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_mda] MDA [pstfreq\_mda] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long did you [pstrt\_mda] MDA [pstfreq\_mda] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of MDA change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_spd] speed (amphetamine, uppers) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current speed (amphetamines, uppers) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_spd] [curr\_qty\_spd] of speed [subst\_spd] for?

Just specify NUMBER of (days/weeks/months/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_spd] [curr\_qty\_spd] of speed [subst\_spd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current speed use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past speed use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past speed use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_spd] speed [pstfreq\_spd] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_spd] speed [pstfreq\_spd] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of speed change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_acid] acid (LSD, PCP, angel dust) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current acid (LSD, PCP, angel dust) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_acid] [curr\_qty\_acid]  
of acid [subst\_acid] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_acid] [curr\_qty\_acid] of acid [subst\_acid] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current acid use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past acid use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past acid use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_acid] acid [pstfreq\_acid] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_acid] acid [pstfreq\_acid] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of acid change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_mshrms] mushrooms (magic mushrooms, mush) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current mushrooms (magic mushrooms, mush) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_mshrms]  
[curr\_qty\_mshrms] of mushrooms [subst\_mshrms] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_mshrms]  
[curr\_qty\_mshrms] of mushrooms [subst\_mshrms] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current mushrooms use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past mushrooms use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past mushrooms use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_mshrms] mushrooms  
[pstfreq\_mshrms] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_mshrms] mushrooms [pstfreq\_mshrms] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of mushrooms change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_ketmn] ketamine (special K) use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

For how long have you [curr\_rt\_ketmn] [curr\_qty\_ketmn]  
of ketamine (special K) [subst\_ketmn] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_ketmn] [curr\_qty\_ketmn] of ketamine (special K) [subst\_ketmn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current ketamine use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the route of current ketamine (special K) use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

---

Please specify the frequency of past ketamine (special K) use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past ketamine (special K) use

Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer



For how long did you [pstrt\_ketmn] ketamine (special K) [pstfreq\_ketmn] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_ketmn] ketamine (special K) [pstfreq\_ketmn] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of ketamine (special k) change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_sleeping pills] sleeping pills use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current sleeping pills use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_slping\_plls]  
[curr\_qty\_slping\_plls] of sleeping pills  
[subst\_slping\_plls] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long have you [curr\_rt\_slping\_plls] [curr\_qty\_slping\_plls] of sleeping pills [subst\_slping\_plls] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Compared to your current sleeping pills use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past sleeping pills use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past sleeping pills use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_slping\_plls] sleeping pills [pstfreq\_slping\_plls] for?

Just specify NUMBER of (days/weeks/years) & specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

For how long did you [pstrt\_slping\_plls] sleeping pills [pstfreq\_slping\_plls] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of sleeping pills change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

---

Please specify the quantity of current [subst\_fentnl] fentanyl or carfentanil use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

---

Please specify the route of current fentanyl or carfentanil use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rt\_fentnl]  
[curr\_qty\_fentnl] of fentanyl or carfentanil  
[subst\_fentnl] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

---

Compared to your current fentanyl or carfentanil use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

For how long have you [curr\_rt\_fentnl] [curr\_qty\_fentnl] of fentanyl or carfentanil [subst\_fentnl] for?

- days
- weeks
- months
- years

Specify unit (days/weeks/months/years) from drop-down list

---

Please specify the frequency of past fentanyl or carfentanil use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer



For how long did you [pstrt\_fentnl] fentanyl or  
carfentanil [pstfreq\_fentnl] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

For how long did you [pstrt\_fentnl] fentanyl or carfentanil [pstfreq\_fentnl] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

Did your use of fentanyl or carfentanil change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer

Please specify the quantity of current [substoht] [substohtspec] use

(packs, drinks, hits, lines, etc.. Enter 9999 if unknown)

Please specify the route of current [substohtspec] use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long have you [curr\_rtothspec] [curr\_qtyoth]  
of [substothespec] [substothe] for?

Just specify NUMBER of (days/weeks/months/years) &  
specify unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long have you [curr\_rtothspec] [curr\_qtyoth] of [substothespec] [substoth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Compared to your current [substothespec] use, how would you describe your past use?  
Select one

- More before
- Less before
- None before
- Don't know / Don't remember
- Prefer not to answer

---

Please specify the frequency of past [substothespec] use?  
Select one

- daily
- weekly
- monthly
- less than once a month, but more than once a year
- less than once a year
- don't know
- prefer not to answer

---

Please specify the route of past [substothespec] use  
Select all that apply

- Smoked
- Injected
- Inhaled (snorted)
- Ingested (eat, chew, drink)
- Inserted (rectal, nasal)
- Other
- Don't know
- Prefer not to answer

For how long did you [pstrt\_oth] [substothespec]  
[pstfreq\_oth] for?

Just specify NUMBER of (days/weeks/years) & specify  
unit in the next question

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(Specify days/weeks/months/years in the next question)

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For how long did you [pstrt\_oth] [substohtspec]  
[pstfreq\_oth] for?

Specify unit (days/weeks/months/years) from drop-down list

- days
- weeks
- months
- years

---

Did your use of [substohtspec] change due to the COVID-19 pandemic?

- Yes, increased
- Yes, decreased
- No, stayed the same
- Don't know
- Prefer not to answer