

WHO Drug Injecting Study - Phase II **Operations Manual Version 4**

This is by no means a comprehensive document, but should serve as a guide to various aspects of the study. Periodic additions will be made to the Master Codebook at the end of this manual. The current Codebook is Version 4(1). Each time new codes are added to the Master Codebook, it will be reissued to all participating project sites with an incremented number, e.g., Version 4(2), etc.

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Communication with NYC is probably best done by email, or fax if necessary. Except where otherwise specified please send all communications to Theresa Perlis. Note that our fax machine serves about 200 people, so the recipient's name and the number of pages should be clearly indicated.

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Overall Study Operations

Prior to the start of recruitment, each Project Site should prepare the questionnaire for local use (see Questionnaire Preparation below). This may involve addition of new questions, addition of new items into multi-item questions, deletion of local option questions, and translation, although sites may use the Questionnaire in unmodified form if so desired. Project Sites with sufficient resources may set up their own data entry programs to produce data sets in SPSS or SAS provided that variable names conform to the guidelines in this manual. If other software will be used, please consult with NYC first. Upon request, NYC will prepare data entry programs in EPI INFO for Project Sites lacking the resources to create their own. However, all data entry must be done by the Project Site. Data sets should be submitted to NYC within 3 months of completion of data collection. It is highly recommended that Project Sites submit a small “test” batch of data early in the project to ensure that all procedures are fully understood.

Each project site should submit their study protocol for review by a local Ethics Board. Each Site should prepare its own Informed Consent Information Sheet to show (or read) to subjects so that they are made fully aware of possible implications of participation in the research project before they consent to take part. Unless the Ethics Board recommends that oral consent is sufficient, written consent should be obtained.

Additionally, it may be helpful to prepare a “Screener”. This is usually a one-page series of questions designed to determine the eligibility of a potential recruit, and to screen out unsuitable candidates.

Data collection should be completed within one year of start date.

Study Eligibility and Recruitment

Current Injectors

The primary focus of the study is on injecting drug use, therefore a minimum of 400 injecting drug users (IDUs) should be recruited; 200 of these should have been recently admitted to treatment and should be recruited from treatment locations, while the other 200 should be recruited from non-treatment locations as follows:

- a) In-treatment. A subject should have been admitted to treatment within the last 30 days and be currently still in the treatment program. Apart from the current course of treatment, the subject should not have been in that same treatment program or any other treatment program during the last 6 months. Thus, transfer patients would not be eligible. Much of the questionnaire asks about drug use and risk behaviors during the last 6 months (preceding interview) and we want to be ensure that for most of that period the subject was not in treatment. Where possible, subjects should be randomly selected from new admits. If that is not feasible, consecutive admissions over a specific time period would be adequate. It is vitally important to avoid any selection bias on the part of the investigators, data collectors, or subjects.
- b) Non-treatment. Recruitment of these subjects should take place in non-treatment settings, although after recruitment it may turn out that the subject is (or has recently been) in some form of treatment. Ideally recruitment should be street-based, utilizing such techniques as peer-referral, snowball sampling, targeted sampling, etc. It would be preferable to avoid recruiting in the vicinity of any service location, including needle exchange programs, jails, etc. Random selection of subjects will not be possible here, although some attempt should be made to obtain a sample representative of the non-treatment population in the area.

Within each In-treatment and Non-treatment sample all IDU recruits must:

- a) Have injected during the last 2 months
- b) Not have been previously interviewed on this study during the preceding 12 months.

Ex-Injectors and Never-Injectors

Depending on local conditions, a Project Site may decide to recruit some persons who have replaced injection drug use by non-injection, and/or some persons who have never injected, in addition to the 400 Current Injectors. These can be recruited from In-treatment or Non-treatment settings as desired, must not have been previously interviewed on the study during the preceding 12 months, and must additionally satisfy the following criteria:

- a) Ex-Injectors. Persons who used to inject but who have not injected during the last 6 months. However they must have used non-injection methods for “injectable” drugs during the last 2 months.
- b) Never-Injectors. Persons who have never injected during their entire lifetime. However, the subject must have used non-injection methods for “injectable” drugs during the last 2 months.

Subject Classification

Some parts of the questionnaire apply only to selected groups of subjects, depending on their classification as Current Injectors, Ex-Injectors, or Never-Injectors. Although

the injection status of the subject should be determined by screening at the recruitment stage, the subject's responses during the interview may indicate that he/she actually belongs in a different group. The interviewer should ask the subject to clarify any inconsistency, and should re-classify the subject if necessary, so that the appropriate questions may be asked.

During the course of the interview the following situations would be cause for terminating the interview:

- a) The subject refuses to give the month and year of his/her birth date.
- b) A subject refuses to give enough information to determine his/her injection status.
- c) A subject says that he/she has not used "injectable" drugs during the last 2 months. If the project site is only recruiting injectors (not ex-injectors or never-injectors) then the interview would be terminated if the subject has not injected during the last 2 months.

Questionnaire Preparation

Individual Project Sites are encouraged to use all of the Core questions in the Questionnaire (see below), unless resources are so limited that the only way to conduct the study is to cut out parts of the questionnaire.

The questionnaire has been designed to permit insertion by individual Project Sites of additional questions and items (in multi-item questions) of local interest. Detailed instructions are provided below. Additional questions should be issued a unique question number. Most additional items must be numbered using Core Codes obtained from the Master Codebook (see below) or requested from NYC, to permit cross-site comparisons. These Core Code numbers should be pre-coded in the questionnaire – an example is provided at the end of this section. For a few questions, items of purely local interest (not for inclusion in cross-site comparisons) may be added; these will use codes created at the local level.

Each project site is responsible for finalizing its own questionnaire (and for creating additional interviewer instructions where needed for the local items) prior to preparing the questionnaire for use at the local site. If a site decides not to add any new items unused options should be eliminated from the questionnaire (discussed below), to avoid interviewer confusion.

Translation and Interpretation

The section on Questionnaire Administration provides some extra clarification for questions that might not be self-explanatory. As far as possible please prepare the questionnaire in a similar format to the one provided by NYC. Do not change the meaning of any questions. Under no circumstances should question order be rearranged, or question numbers changed. **In particular do not change the numbers preceding the items or categories in multi-part questions. These serve to identify separate variables for computer data-entry.** However, local option questions (see below) may be omitted. Please send a copy of your questionnaire to NYC. If possible, project sites which are able to provide back-translation (from the native language back into English) should also send a copy of the translated English questionnaire to NYC for checking of translation adequacy.

In translation, substitute appropriate colloquial terms where appropriate. E.g., if the term “primary partner” is not understood, substitute a term such as “regular partner/steady partner”.

Core and Local Option Questions

The questionnaire contains "core questions" which must be included in each project site's questionnaire, and "local option" questions which may be included if they appear to be of local interest. Core question numbers begin with "Q", and local option questions begin with "X". If a project site does not plan to use some or all of the local option questions, these may be omitted from the questionnaire.

The multi-part question on non-injected drug use in the last 6 months (XD56) is a local option. However if substantial non-injected drug use exists in your area, you should include this question in the questionnaire.

The Master Codebook

The Master Codebook contains core codes. Use of a uniform coding system permits cross-country comparisons for analysis. The Codebook will get updated every time project sites request codes for new categories or items. Updated versions of the Master Codebook will be sent out to each site as soon as a modification occurs. The Master Codebook will henceforth be referred to as MCB.

Codes from the MCB are used for three purposes:

- i) As the item number for a Local Item added by an individual Project Site. These are pre-coded into the questionnaire during questionnaire preparation. Using a core code from the MCB as the item number will permit us to match items across sites for analysis.
- i) For responses to certain types of open-ended questions (see Questionnaire Format, below). If the appropriate code does not appear in the response set on the questionnaire, it should be looked up and coded after the interview.
- ii) To identify write-in "Other" items in multi-part questions. These should be looked up and coded after the interview.

For some purposes, individual project sites will create and maintain local code lists for categories or items that do not have core codes and that are of purely local interest. These local code lists can be added to the site copy of the MCB. A copy of the local codes should be sent to NYC at the end of the study.

Local Item Substitution Using Core Codes

Some multi-part questions have room for additional question items which may be chosen locally by individual project sites and incorporated into their questionnaire at the local level, but which will allow for the possibility of cross-national comparisons.. These are identifiable by the presence of “**## LOCAL ITEM (use core code as item ##)**” (or sometimes, due to space limitations, just “**..core code..**”) in the version of the questionnaire which you receive from NYC. We recommend a maximum of five additions, but more can be added if desired. Questions QC02-QC03, QC12, QD10-QD12, QD17, QD19, XD25, XD34, XD54, QD55-XD56, QD60, QE23, XH07, QJ06, QK02-QK03, QK06, QK14, QM03, QM05, QM07, XO14 are of this type. In these questions the text “**LOCAL ITEM**” indicates that you should substitute an item text of your choice and the item number (indicated by the preceding “**##**”) should be replaced by the appropriate code from the MCB. The item number will become part of the variable name when the data is entered into a computerized data set. If the item does not appear in the MCB, please request NYC for a code for that item so we may maintain comparability between project sites. **Please do not make up your own codes or we will lose the ability to do cross-site analyses.** The appropriate item text and item number must be inserted into the questionnaire by each project site at preparation time (see “Example of Local Item Substitution” at the end of this section, in which PCP, Ecstasy, and Poppy milk balls have been supplied by a project site). In all multi-part questions the categories listed should be mutually exclusive.

These additional "fill-in" items are provided for your convenience - you are not required to use them. However, to avoid confusing the interviewer, any unused "LOCAL ITEM" lines should be deleted from the questionnaire.

Note that the "Other" lines are for items supplied by the respondent during the interview, and filled in by the interviewer, so the text and format of these lines should not be changed during questionnaire preparation.

Local Items and Codes to be Created by Project Sites

- a) Interviewers' code numbers (QA03). These are of purely local interest and should therefore be created locally. Use any 2-digit codes except 95 through 99 (see Reserved Codes below).
- b) Recruitment location (QA05A). This is a 2-digit code, created locally to identify the specific treatment center, or the geographic location in the community where recruitment took place. Use any 2-digit codes except 95 through 99.
- c) Recruiter (QA05B). This is a 2-digit code, created locally to identify the person who recruited the subject into the study. Use any 2-digit codes except 95 through 99.
- d) Respondents' race/ethnicity (QA09). Each project site should identify major population "groups" found in the area. Use 2-digit codes 01, 02, 03, ... etc. The first code should be used for the dominant ethnic group in the population of that country, and so on in order of decreasing group size.
- e) Vocational training, certificates, licences etc. (XB04). Any participating site wishing to gather this information should create appropriate items (maximum of five) to incorporate into the questionnaire. In these questions the text "**LOCAL ITEM**" indicates that you should substitute an item text of your choice. N.B. High school, college, or other academic diplomas, certificates, etc. would not typically be included here. However, if there is a particular need to obtain more information on academic education than provided by QB03, one or more items could be included in XB04.
- f) Types of places in which respondent initiated another person into injecting (XD45). This information could be of critical intervention importance but is likely to be site-specific. (Items listed in XD32 may give you ideas.) Any participating site wishing to gather this information should create appropriate items (maximum of six) to incorporate into the questionnaire.
- g) "Other" categories in questions which do not use Core Codes. (See list of question numbers under Local Codes in the MCB.) Sites which desire to retain response details that do not fit the provided codes will need to create and continually update code lists for all possible "other" responses. Alternatively, any non-listed response can be coded as a generic other with the code "96", but a list of question numbers to which this option applies should be added into your local version of the MCB.

Social Class Questions and Coding Categories

We would like to include two questions on social class as follows:

QB11 What was the social class of the family that raised you?

XB12 What is your current social class?

The social systems of the various sites vary considerably, as do the ways they think about social class. Thus, as with "race/ethnicity," we want to measure social class at each site; but also want to let the sites devise their own coding schemes for "class" in communication with **Dr. Samuel Friedman** of NYC.

Issues to consider: Some of your respondents may be coming from other countries; Rural and urban class structures may vary in your country and in other countries from which respondents are coming. For guidance, we have two suggested types of response sets

- a) Long-term unemployed
- Farm worker
 - Service worker (for example, waitress; clean rooms at a hospital or office building)

Blue-collar worker
 White collar worker
 Middle class professional
 Manager at a business, farm, or government agency
 Owner of small business or farm
 Owner of large business or farm
 Other (respondent's answer to be filled in and coded)

- b) Truly Needy
 Working Class
 Lower Class
 Middle Class
 Upper Class

These are merely suggestions; project sites should create meaningful categories for themselves in consultation with Dr. Friedman. Where possible use lowest codes for lowest socio-economic class or poorest, and highest code for wealthiest, most powerful class. The same response set should be used for both questions. Remember to include a "Refused" option for both questions, and "You did not grow up in a family" for QB11.

QC02-QC03 Out-patient and in-patient treatment since first drug use.

Comments and requests from participating sites concerning the types of treatment to include in this question indicated an enormous diversity of treatments between different countries and countries. For this reason, we decided to ask Project Sites to pick the most common local treatment types for inclusion in the questionnaire at the local level. (Note however, that Core Codes must be used in order to permit cross-cultural comparisons). In addition, each project site should draw up a list of local drug treatment agencies, together with a general classification of the type of treatment available. This will help the interviewers to code responses appropriately.

Reserved Codes

In almost all response single-digit response sets, 8 is used to indicate that the respondent refused to answer the question, and, where needed, 9 is used to indicate that the respondent does not know the answer to the question.

Specific code number forms are reserved for 2 and 3 digit codes as follows:

- a) 95 or 995 indicate maximum values
- b) 96 is reserved for catch-all "other" responses.
- c) 97 or 997 indicate that the question is not applicable to the specific respondent
- d) 98 or 998 indicate that the respondent refuses to answer the question
- e) 99 or 999 indicate that the respondent does not know the answer to the question (and cannot even provide an estimate).

Alternative Skip Instructions

There are a few instances where alternative skip instructions are provided, depending on whether subsequent local option questions are to be asked. These appear after questions QD19, QD22, QH14, QH21-QH25, and QL03. Once a site has decided which local option questions to keep, only one of the alternative skip instructions should be retained in the final questionnaire.

Project Site Identification Number (QA02)

It is suggested that this be incorporated into the questionnaire at preparation time, rather than filling-in later. (See MCB for appropriate code.)

Prompt Cards

Each interviewer needs to have a set of "Prompt Cards" to show to respondents during questionnaire administration. These should display the responses only, not the associated codes. In NYC we print on thin cardboard, make each card a different color, laminate them, and put them together on a key ring. In this way they last the life of a project, are easy to keep clean, and easy to recognize.

Interview ID Number

The first four character positions should contain a unique 4-digit code number for each subject in your study. The 5th character position should be coded "A" for In-treatment recruits, and "B" for out-of-treatment recruits. You may pre-code the "A" or "B" in blank questionnaires if that is more convenient.

EXAMPLE OF LOCAL ITEM SUBSTITUTION
(Refer to the questionnaire for original format before substitution)

Next I am going to ask you about drugs you have used in your lifetime. For each drug mentioned, I am first going to ask if you used it; second, how old you were when you first used it; and third, how often you were using it during your year of maximum use.

- QD10 Did you ever use _____ [name of drug]?
[If used]
- QD11 How old were you when you first used it?
- QD12 How often did you use it during your year of maximum use?
[Repeat the set of questions for each drug/drug category.]

SHOW PROMPT CARD A

Never	A	4 to 6 times a week	F
Less than once a month	B	About once a day	G
1 to 3 times a month	C	2-3 times a day, almost every day	H
About once a week	D	4 or more times a day, almost every day	I
2 to 3 times a week	E	Refused	J

	QD10	QD11	QD12
	Used?	If used, age?	If used, how often during year of maximum use?
	No	Yes	
	Ref		

01 Speedball (heroin and cocaine together)	0	1	8	__	A	B	C	D	E	F	G	H	I	J
02 Heroin alone	0	1	8	__	A	B	C	D	E	F	G	H	I	J
03 Cocaine alone	0	1	8	__	A	B	C	D	E	F	G	H	I	J
04 Methamphetamines	0	1	8	__	A	B	C	D	E	F	G	H	I	J
13 PCP	0	1	8	__	A	B	C	D	E	F	G	H	I	J
25 Ecstasy	0	1	8	__	A	B	C	D	E	F	G	H	I	J
28 Poppy milk balls	0	1	8	__	A	B	C	D	E	F	G	H	I	J
91 Other (_____) _____ Specify Core code	0	1	8	__	A	B	C	D	E	F	G	H	I	J
92 Other (_____) _____ Specify Core code	0	1	8	__	A	B	C	D	E	F	G	H	I	J
93 Other (_____) _____ Specify Core code	0	1	8	__	A	B	C	D	E	F	G	H	I	J

Question and Response Formats

There are many different question types and response option formats in the questionnaire. Most should be self-explanatory, but the following summary is provided for further clarification.

Open-Ended Questions

The respondent can give complex and lengthy responses. There is no predetermined set of allowable answers.

1. Open-ended questions with fill-in responses. The question implies the expected form of the response; however the response options are not suggested or told to the respondent.
 - i) The question specifies the units for the response. The actual response is entered into the questionnaire without change (except perhaps for rounding) into the questionnaire.
 e.g.:
 QA07 "What is your date of birth?". The response should provide day, month, and year.
 QB03 "How many years of full-time education did you have?" The response should be in years.
 QD03 "How old were you when you first drank any alcohol?". The respondent should give his age at the time that he first drank any alcohol.
 If the respondent replies in an unexpected form, the interviewer should prompt for the correct form. e.g., if the response to QD03 is "Well, it was right about the time my father died", the interviewer should say "How old were you at that time?".
 - ii) The question does not specify the units for the response. If the response is provided in the correct units it may be entered into the questionnaire without change; otherwise it must be modified by the interviewer to conform to the required units.
 e.g.:
 QB02 "How long have you been living in the _____ area?". If the response is given in years the interviewer must calculate the answer in months. It is recommended that the interviewer write the response as given in the left hand column of the questionnaire, and do the conversion later.
 - iii) The question may or may not specify units. However, a numeric code is entered into the questionnaire instead of the actual response. The interviewer may be required to locate the code corresponding to the response in the MCB after the interview.
 e.g.:
 QB01 "In what country were you born?". The interviewer will write out the response during the interview. After interview completion, the interviewer can look up the core code for the country in the MCB and enter the code into the questionnaire.
 QC02 "How many times [were you in _____ treatment] on an outpatient basis". The interviewer enters the actual number if it is less than three, but enters "3" for three or more times.

2. Open-ended questions with a fixed set of response options which are not read or shown to the respondent. However, the question implies the expected form of the response. One (and only one) response option is selected by the interviewer. Probing may be necessary.
- i) Dichotomous or other simple response options. The interviewer circles the code that matches the response.
- e.g.:
- QB06 "Are you now living alone?". The response should be "yes" or "no" and the interviewer circles the corresponding code.
- QB09 "Are you and your spouse living together?". Sometimes spouses are separated by work much (but not all) of the time, so the response choices include "Some of the time" as well as "yes" and "no". The interviewer circles the appropriate code.
- XD40 "During the month or two before your first injection, were most of your friends and companions drug users or not?". The respondent may answer "yes" or "no". However, if he/she says "some were and some weren't", the interviewer would have to follow up by probing "were most of them drug users or would you say about half were drug users and half were not?".
- ii) Numeric classes. The response options form an ordinal scale, and the interviewer must select the correct one and circle the code.
- e.g.:
- QC09 "How many times have you been in jail/prison?" If the respondent answers "7", the interviewer should circle code "4".
- iii) Complex qualitative response options. The interviewer must decide on the most appropriate of the response options, and circle the corresponding code.
- e.g.:
- QB05 "...what was your main source of money for you to live on?". The interviewer must decide on the most appropriate out of the listed response options, and circle the corresponding code.
- These type of questions will often take careful probing. It is permissible to include some of the response options in the probe. The only reason for not reading out the entire set of response options is to save time because many respondents will supply an answer that matches a listed option.
3. Open-ended questions which provide a fixed list of common responses with space for additional "write-in" responses. The response options are not suggested or told to the respondent. Everything "mentioned" by the respondent is recorded. The interviewer should determine whether a response matches one of the listed items, and circle "yes" if a match occurs. "No" should be circled for listed items that are not mentioned by the respondent. For responses which do not match any of the listed items, write in responses are permitted (see below for "Other" items in multi-part and "Mentioned" questions). These "Mentioned" type questions are QD17, XD34, XD54, QE23, XF22-XF24, QH07, QJ06, QJ09, QK06, QL01, XL05-XL07, XL08-XL10, QM03, QM05, QM07, QN04, XN13, XN15, XO14.

Closed-Ended Questions

The respondent is provided with a limited set of response options.

1. Closed-ended questions with a fixed set of response options which the interviewer reads out loud. The respondent picks one, and the interviewer circles the corresponding code. Only one response option can be chosen.
e.g.:
QD51 "What is your primary method of taking drugs now?". Three response options are read aloud.
QJ03 "How often do you talk about HIV or AIDS with your drug using friends?". Four response options are read aloud.
2. Closed-ended questions with a fixed set of response options which are shown to the respondent on a prompt card. Each of these types of questions is accompanied by an instruction that says "SHOW PROMPT CARD _". (The interviewer should not read the response options out loud unless it is apparent that the respondent cannot read.) The respondent selects one response and the interviewer circles the corresponding code. Only one response option can be chosen.
e.g.:
QD57 "... In the months when you injected, how often did you inject?". The Interviewer displays prompt card A.

Multi-part questions

In some questions the same question is asked for each of a series of categories or items (although depending on the question it is not always necessary to repeat the entire text of the question). A response should be entered/circled for each category or item. XB04, QB07, QC02-QC03, QC12, QD10-QD12, XD15, QD19, XD25, XD42, XD45, QD55-XD56, QD60, QE02, QE06, QE18, XE21, QE26, XF06, XF07, XF13, XF19, XH06, XH12, XJ10, QK02-QK03, QK14, XL17-XL19, XL20-XL22, XP04 are all multi-part questions.

e.g.:

QC02-QC03 "Have you had any ___?" is repeated for each treatment type listed, and if the response is "yes" about any particular treatment additional questions are also asked about that treatment.

QD19 "How often did you use ___?" is repeated for each drug listed.

"Other" items in multi-part and "Mentioned" type questions.

1. Multi-part questions. After asking the question (or set of questions) for each listed item in turn, ask about "any others?". (The exact wording will depend on the question.) If the response is "yes", ask what it was, write the name in the space provided, ask the remaining questions where appropriate, and record the response(s). After interview completion, enter the corresponding codes from the MCB (or Local Codebook where appropriate). Then ask again about "any others?". Most questions permit two, and possibly three, write-in items of this type. If the number of responses exceeds the number of "Other" lines, write out the responses on the left-hand side of the Questionnaire and let the Supervisor

select those of greatest local importance. If the response to "any others?" is "no" (or "none" or "never" depending on the question), enter the code ""00" and circle "no" (or "none" or "never") on each remaining "Other" line.

2. "Mentioned" type questions. For responses which do not match any of the listed items, write each response on the next available "Other" line, and circle "yes". After the interview, enter the appropriate code from the MCB. If the number of responses exceeds the number of "Other" lines, write out the responses on the left-hand side of the Questionnaire and let the Supervisor select those of greatest local importance. For all "Mentioned" type questions, if the respondent refuses to offer any response, write "Refused" in the write-in space for the first "Other" item, enter "98" for the code, and circle "1" for that same item. For each unused "Other" line enter the code ""00" and circle "no" or "none" or "never").

Administering the Questionnaire

It is important for us to standardize interview administration across all collaborating sites. In this way, any differences that we find between cities can be attributed to real differences among respondents, rather than to differences in the interviewing technique. Therefore all interviewers should use the same procedures with each respondent.

1. Initial discussion should include the purpose of the study, the length of time of the interview, and any other concerns. Explain to the respondent that in a research study it is important to make comparisons. Therefore, everyone is asked the same questions, even though some of the questions may not directly apply to them. We would appreciate that they answer as thoroughly as possible. Also tell the respondent that she/he can ask questions at the end of the interview if necessary.
2. Take a moment to pause between sections of the interview, or at natural breaks within sections. This allows both you and the respondent some time to relax and prepare to switch topics.
3. Read each question exactly as it is written. (See below for more specific instructions for multi-part questions.) If the respondent does not understand the question after you have read it exactly as written, you may then clarify it for him or her.
4. Some questions are immediately preceded by some additional text. In almost all cases this introduces the question and should be considered part of the question. However, where the text is separated from the question number by at least one blank line, (XF10), do not read the introductory remarks if you skip to the question from an earlier one.
5. Many of the questions refer to a time period, for example the last 6 months, this means the 6 months immediate prior to the interview. It will help all respondents if you specify the months in question by prompting. E.g., if the interview date is March 12th, say "That means since around September 12th, or around the middle of September".
6. Interviewers should make sure to follow the instructions accompanying each question. Some questions require the response options to be read out loud, others do not. In general, only read the response options out loud if the instructions accompanying the questions say so.
7. For questions in which prompt cards are used, do not hand the prompt cards to the respondent before asking the questions. You should show the appropriate card after you ask a question requiring it. Each time you use a prompt card say "Please choose one of these responses", but do not read them out unless the respondent has difficulty reading, in which case read out the frequency response options each time the prompt card is used.
8. For open-ended questions let the respondent answer the question, then you decide how well it fits the choices. Do not read out the choices unless it is specified on the questionnaire. Emphasize that we want to know what the participant thinks, has done, etc., and not what others think or do.
9. Complete the questionnaire in either blue or black ink or pencil. Do not use red, as this should be used for making corrections during the editing process.

10. Write legibly. Unreadable handwriting is the most common reason for data entry errors (4's that look like 9's, or 0's that look like 6's). In particular, use the local standard to distinguish between zero and the letter "O". It is essential that the data entry people are able to read your handwriting so please be careful!
11. Whenever a number is called for, fill in every blank with a number. Use leading zeros if necessary.
12. Circle only one response to each question (or to each item/category in multi-part questions). If you do not know how to code the response, write the full response towards the left hand side of the questionnaire for the Supervisor to code later.
13. Always enter or circle a response unless instructed to skip a question. Skipped questions should always be left blank. There are some multi-part questions which permit unused "Other" items to be skipped. See instructions below for "Other" items in multi-part questions..
14. Pay close attention to skip patterns. If one or more question (s) should be skipped, an indicator of the type "-->QB08" will appear next to a response space on an earlier question, signifying that you should skip immediately to question QB08.
15. Filling in the coding spaces of all questions the respondent has answered should be done during the interview, except in cases where it is necessary to look up a code in the MCB or in the Local Codebook. E.g., in the case of "other" write-in responses you should write the response as given during the interview, and look up the corresponding code in the MCB later. If the respondent indicates that he/she has not engaged in a particular behavior, code it accordingly. Do not leave it blank. The **only** time a question should be left blank is if it was not asked because it is part of a skip pattern. If you are unsure about how to code, write it to the left of the question and let your supervisor decide how to code.
16. Advise the respondent that the questionnaire has been completed. Thank the respondent for their cooperation and debrief following project site-specific instructions.
17. After the interview, check each questionnaire to see that writing is legible and that no questions are missing unless they are part of a valid skip pattern.

Refusal, "Don't know", Not applicable etc.

"Refuse to answer", "Don't know", "Not applicable" etc. are never included in the wording of the question or response options read or shown to the respondent. The interviewer should attempt to obtain a more specific response whenever possible. A respondent is entitled to refuse to answer any question that he/she wishes. However, refusal to answer some key questions must result in interview termination.

Rarely is "don't know" an acceptable response, since the interviewer should always prompt with "to the best of your knowledge", or " what is your best estimate" etc. If a respondent cannot remember exactly ask him/her to estimate as well as possible. Age and dates of events that happened long ago are particularly hard to remember accurately, so it helps to ask about other events that happened around the same time. Accept a "don't know" response only when absolutely necessary. Note that QA01 through QA09 cannot have refusal/don't know responses.

Response Codes for Refusal, "Don't Know", "Too many to remember", and Maximum values.

For all "fill-in" responses, where appropriate (including dates or parts of dates) use "9", "99", "999", "9999" for "don't know", and use "8", "98", "998", "9998" for refusals. For questions which require a quantity to be estimated (e.g., "how many sex partners ...?", "how many months ago ...?", "how many people ...?") "95" or "995" are used to represent a maximum or too many to recall. E.g., if a respondent says he/she had 1000 sex partners you would enter "995"; or if a respondent says he/she last received drug treatment so long ago that it's impossible to remember, enter "995"; or if a respondent says he/she got used needles and/or syringes from 99 people in the last 6 months enter "95".

SECTION A: INTERVIEW & RECRUITMENT INFORMATION

QA01 Interview ID Number

Use allocated numbers. Project sites please note, the fifth character of the interview ID number should be used to specify the sample sub-group.

- a) "A" for Group A interviews (In treatment). These interviews are conducted with respondents recruited from agencies whose primary activities are specifically designed to modify drug taking behavior.
- b) "B" for Group B interviews (Out of treatment). These include interviews conducted with respondents recruited from the street or other non-agency locations, or (possibly) agencies whose primary activities are NOT specifically designed to modified drug taking behavior.

QA02 Collaborating Project Site Identification Number

Use core code from MCB. (This may be pre-entered when preparing the questionnaire).

QA03 Interviewer Number

Use your personal interviewer number allocated by your project site.

QA04 Date of Interview

Enter 2 digits for day, 2 digits for month, 4 digits for year.

QA05 Interview Location

The option "private room" should be used only for rooms outside treatment centers. Interviews conducted in any part of drug treatment centers should be coded as "1" or "2".

QA05A Recruitment location

Each project site will issue a list of 2-digit codes to identify the specific treatment center, or the geographic location in the community where recruitment took place

QA05B Recruiter

Each project site will issue a list of 2-digit codes to identify the person who recruited the subject into the study.

QA06 Level of Privacy

If others are present in the same location, but not within hearing distance, select "Alone".

QA07 Date of Birth

If respondent does not know day (or month) enter "99". If respondent does not know year of birth, leave QA07 blank and enter the estimated age in QA07A instead.

QA07A Approximate age.

If the respondent does not know his/her date of birth, an estimate of the respondent's age should be entered here. It should be left blank when the date of birth has been entered in QA07. Local investigators will train interviewers in locally appropriate techniques for estimating a person's age.

QA08 Sex

If respondent is a transsexual, use current gender when answering questions on sexual behavior

QA09 Race/ethnicity

Each project site to issue local instructions.

SECTION B: DEMOGRAPHICS

QB01 Country of birth

Use code from MCB.

QB02 Length of Residence

Insert name of project city/area into the question.
Record length of time in years and months then convert this into months for coding. If respondent is not resident in the project city/area enter "000". If respondent has been resident for up to one month maximum enter "001". If respondent has been resident for longer than one month up to two months maximum enter "002" etc. For periods of over a year, if the respondent cannot recall accurately ask to the nearest year. Translate into months after the interview, and code in months. If respondent answers "a long time ago", probe if it was more or less than 10 years ago, more or less than 5 years ago, etc. If it was more than 10 years ago but respondent really cannot remember exactly, code "995"

QB03 Years in full-time education

Record actual years in full-time education. If the respondent is unsure, ask age when started school, age when left full-time education and subtract. Then ask if there were any intervening years when the respondent was out of school for the whole year due to sickness or other causes. Subtract these from the previous total.

XB04 Other training

Each project site to issue local instructions.

QB05 Main source of income

- 01 Employed with regular salary: Includes permanent or long term full-time or part-time work.
- 02 Temporary work: Includes short term and casual labor, migrant work, piece work, where the respondent is employed on a daily or weekly basis, or on a short term contract of less than six months.

- 03 Family business or farm: This category includes respondents who are relatives of the owner(s). If the respondent is an owner code self-employed instead.
 - 04 Self-employed: Respondents who do not receive a wage or salary from an employer but are paid for providing goods or services to others. For example, window cleaner, trader., any kind of freelance worker.
 - 05 Government benefits: regular income from any government agency. May include sickness benefit, unemployment insurance, welfare, child care benefits, foster care benefits, etc.
 - 06 Spouse, partner or relative's income: Respondent is dependent on his/her spouse, partner or a relative for income. Includes child support/child care benefits, alimony from former spouse.
 - 07 Student financial aid/loans/grants. Does not include monies paid in exchange for work performed by the student - that would be counted under temporary work.
 - 09 Selling drugs: Includes selling in professional or non-professional capacity. Remaining categories self-explanatory.
- Other: Use local code from Local Codebook

QB06 Living alone

This means that no-one else lives in the same household.

QB07 Other household members

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. e.g., If a household member is counted as "A sex partner", he/she would not also be counted as "Other adult relatives", or "Friends", or "Other adults". If a household member is counted as "Other adult relative", he/she would not also be counted as "Friends" or "Other adults". "A sex partner" is anyone that the respondent currently thinks of as such.

QB08 Marital status

- 1 Legally married: Married by religious ceremony, civil ceremony, or legal arrangement.
- 2 Living as married: Respondent is co-habiting with another person of the same or opposite sex. In the U.S. this is termed "common law" marriage. Other countries may use their own specific terms.
- 3 Widowed: Formerly married but the partner has since died. If the respondent has a new partner with whom the respondent is not living, and is not legally married, code as currently widowed. Apply the same rule for respondents who are separated and divorced.
- 4 Separated: Marriage has broken up, but has not been legally terminated.
- 5 Divorced: The marriage has been legally terminated.
- 6 Never married/single: Respondent has never been legally married and is not currently living with a partner.

QB09 Living with spouse

"Some of the time" covers situations where the respondent and spouse are physically separated by circumstances partly beyond their control. e.g., separated by work but see each other periodically. Couples who live apart by choice and not necessity should be coded "No".

QB10 Place of residence

If the respondent has lived in a number of different places in last 6 months, probe to determine where they lived most of the time.

- 01 Own/partner's house, flat or apartment: This includes a house, flat, apartment or bedsit owned by respondent or respondent's partner. This also includes houses or flats jointly owned by respondent (or respondent' partner) with others.
- 02 House, flat, apartment, or room in an apt. or elsewhere, rented/leased by respondent or respondent's partner: This includes a house, flat, apartment or bedsit rented or leased on a monthly (or longer) basis by respondent or respondent's partner (but not the Government housing for Government employees) This also includes houses or flats jointly owned by respondent (or respondent' partner) with others. The idea is to distinguish between permanent and temporary lodgings.
- 03 Room rented on daily basis: This includes single or shared rooms in hotels and rooming houses. Rooms are rented on a daily basis but renters may stay for extended periods.
- 04 Someone else's house, flat or apartment: A house, flat, apartment or bedsit not owned or rented by respondent or respondent's partner. Flat etc. may be owned or rented by friends, parents or relative
- 06 Shelter or welfare residence: Night shelter or welfare residence providing beds for the homeless. Beds rented on a nightly basis, often with a limit on the number of consecutive nights
- 07 No fixed address: The respondent is homeless. This includes individuals who are "sleeping rough" or are wandering from address to address on a nightly basis.

Remaining categories self-explanatory.

Other: Use local code from Local Codebook

QB11 & XB12 Social class

Instructions concerning these questions will be provide by your project site.

SECTION C: BACKGROUND INFORMATION

QC01-QC07 Ever had treatment

"Treatment" refers to help or treatment aimed specifically at modifying patterns of drug taking, such as reducing daily intake or changing method of drug administration.

Do not include help/treatment from:

- i) Agencies providing primary health care for a drug related problem such as hepatitis B or HIV, unless health care is always accompanied by programs designed specifically to modify drug taking behavior.

- ii) Agencies whose activities are aimed solely at harm reduction such as needle exchange or condom distribution, unless harm reduction activities are always accompanied by programs designed specifically to modify drug taking behavior.

QC01 Do not ask this question for Group A (In-treatment) respondents.

QC02-QC03 Out-patient and in-patient treatment since first drug use.

To determine exactly the kind of treatment received, you may have to probe.

Useful supplementary probes include:

Where did the help/treatment take place?

What did the help/treatment involve?

Distinguish between courses of treatment, and attendance at treatment sessions - we want courses of treatment. If the respondent had more than three courses of the same treatment, enter a "3", since this represents three or more. If the respondent receives more than one treatment combined, pick the most demanding. e.g., in Nigeria, detoxification is merged with counseling and rehabilitation, so we would code detoxification. If you are unsure about how to classify a treatment, print the name of the agency together with a brief description of what treatment was involved.

If a respondent replies "no" to any of the items, code "0" for both out-patient and in-patient treatment for that item.

After asking about all specified items, ask "have you received any other treatment?".

- i) If the respondent has received another treatment type, on the first available "Other" line, write in the treatment type, use the code from the MCB, and enter the number of out-patient and in-patient episodes
- ii) If the respondent replies "no" when asked about "any other treatment", enter "00" for the Code, and enter "0" for both out-patient, and in-patient episodes in the remaining "Other" lines.
- iii) If the respondent has received more than two other treatments, ask for the two treatment courses that lasted the longest.

QC04 Currently in drug treatment.

Do not ask this question for Group A (In-treatment) respondents. For Group B (out of treatment) respondents, even if the answer to this question is "yes" the respondent will continue to be classified as Group B for the purposes of questionnaire administration.

QC06 Type of treatment

Refer to the list of treatment types in QC02-QC03. For items appearing in the list use the item number as the code. For "written-in" items use the filled-in code.

QC07 Last receive treatment

If the respondent is currently in treatment this refers to the prior course of treatment. If a respondent is not currently in treatment this refers to the most recent course of treatment. In either case, the "last treatment" refers to the last day of attendance (after which the respondent left the treatment course). If the

respondent had no treatment enter "000". If the period since last treatment is up to one month maximum enter "001". If the period since last treatment is longer than one month up to two months maximum enter "002" etc.

QC08 Jail/prison

Include times held in police cell, on remand, in Young Offenders Institutions/Borstals and in prison/jail.

QC09 Times in jail/prison

Enter number of episodes

QC11 Inject with used needles/syringes in jail/prison

If respondent got needles/syringes from another person and is not sure if the other person had actually used the needles/syringes, code DK/Not sure.

QC12 Involvement in AIDS prevention activities

Listed items are not mutually exclusive; e.g., if respondent was approached by a Street Outreach Worker who also gave bleach to the respondent, the contacts would be recorded for both items 05 and 08. Count any exposure to AIDS prevention activities; e.g., enrollment in a substance abuse program in which some discussion of AIDS prevention takes place even though it is not the focus of the program.

SECTION D: DRUG USE

In all questions containing drug charts, the same question(s) is(are) asked about each drug in turn.

This section contains questions about patterns of drug use. Most problem drug users are prepared to talk openly about the drugs they are currently taking. However, occasionally respondents may become reluctant particularly if they are concerned that the information may be passed on to others, like the staff at a treatment center they are attending. If respondents do become concerned take time to reassure them that the information is anonymous and will be treated as confidential. The types of drugs used and frequency of injecting will often vary and so on many occasions you will have to help respondents to average out the frequency with which they injected some drugs. Remember to use neutral probes like "on average would you say that you injected (drug) more than once a week, once a week or less than once a week?" Some of the drugs listed will be project site-specific. If the respondent does not recognize a particular drug, offer one or more of the street names that are commonly used. A directory of drugs and their street names should be made available at each project site, but interviewers should be familiar with commonly used drugs before going into the field. On some occasions, respondents will volunteer information about drugs used out of order. Where possible steer the respondent back to the order of questions in the questionnaire. Drug use or injecting frequency questions requires respondents to estimate their overall rate of use/injecting during the periods that they were using/injecting, with the help of Prompt Card A.

QD02 Cigarette smoking

If the respondent smokes more than 95 enter "95".

QD06 Use of cannabis

This includes the use of any cannabis product taken by mouth or smoked.

QD07 First use of drugs.

Any drug use other than prescribed drugs for a specific medical condition, and excluding alcohol or cannabis. The list of drugs embedded in the question is intended to provide an example to the respondent of the kinds of drugs that he/she might have taken. Project sites may wish to substitute other drugs.

QD08 First drug

Use code from MCB. Alcohol, tobacco, and marijuana are excluded here; we want first use of any drug other than these.

QD09 Ever injected a drug

Injected drug use refers to injection into vein, muscle, or under skin. Persons who injected drugs only for prescribed medical purposes should not be coded as injectors (for example, diabetics who inject insulin). Any non-prescribed use of needles, whether self-injected or injected by others, is considered injection drug use.

Respondents who have never injected are classified "Never-Injectors" and will be asked only questions QD10 through QD19 in the remainder of Section D and none of Section E. Questions QD10 through QD19 should be skipped for respondents who have ever injected during their lifetime. If a respondent refuses to acknowledge whether or not he/she ever injected, terminate the interview, since provision of this information is part of the recruitment criteria.

QD10-QD12 Lifetime drug use

The drug categories listed are intended to be mutually exclusive. When drugs are used in combination with each other, if the specific combination is not listed, use of each individual drug should be recorded.

Starting with the first drug in the list (speedball) ask "Did you ever use speedball?". If the answer is "yes" ask the following two questions, then go to the next drug/drug category in the list and repeat the questions. If the answer is "no" skip the following two questions and go straight to the next drug/drug category in the list. Repeat the set of questions for all items in the list. Then ask "Did you ever use any other drug?".

A similar procedure should be followed for all drug-list questions.

QD13 Friends or family who inject drugs

Anyone whom the respondent thinks of as "family" is included whether or not related by blood or marriage.

XD15 Relationship of injectors who are friends or family

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category.

QD18 Drug-using months out of the last six.

Recruitment criteria include drug use during the last six months, so a response of "none" here requires the interview to be terminated. Note that the maximum value that can be entered here is "6".

QD20 Age when first injected a drug

Many drug users cannot inject themselves at first and so get their partner, friend or dealer to help them. Record the age at which drugs were first taken by injection whether or not respondents actually injected themselves. (Note: This question and the remainder of Section D are not asked if the respondent has never injected.)

QD21 First injected drug

Use core code from MCB

QD26 Person who administered respondent's first injection

If the respondent answers by giving someone's name probe to find out the relationship between the respondent and the person.

QD28 Did respondent inject with a needle/syringe already used?

Emphasize the word "used". If someone provided the respondent with a brand new sterile needle, the response should be "no".

XD29 Did first injection take place in project city area?

Insert name of project city/area into the question.

XD36 Does respondent know anyone with severe problems resulting from injecting?

Includes any kind of problems - medical, physical, mental, lifestyle, etc. We are trying to ascertain whether the respondent might have evidence of potential negative consequences of injecting.

XD44 Persons respondent initiated into injecting

Insert name of project city/area into question.

XD45 Types of places where respondent helped someone first inject

Insert name of project city/area into question.

XD46 Has respondent initiated others outside of the project city area?

Insert name of project city/area into question.

XD47 Other cities/towns where respondent initiated others.

Insert name of project city/area into question.

Leave blanks in the country/city codes of any response lines that are not needed.

QD52 Months since last injection

For more than 12 months ago, accuracy is not imperative. If respondent answers "years" ask how many and multiply number of years by 12. Respondents who last injected more than 6 months ago are classified "Ex-Injectors" and will be asked only questions QD60 through QD62 in Section D and QE26 in Section E. Respondents who injected within the last 6 months are classified as "Current Injectors", and are asked all Section D questions except for QD60 through QD62, and all of the questions in Section E. If a respondent refuses to state the months lapsed since last injection, try to ascertain whether it was more than 6 months ago, so that you can definitively classify the respondent as an "Ex-Injector" or a "Current Injector" If you cannot elicit this information then terminate the interview, since this information is required for study eligibility.

QD53 Drug-injecting months out of the last six.

The response must be greater than 0 and no more than 6.

QD55-XD56 Frequency of injected and non-injected drug use

For each drug, the respondent is asked for frequency of injected use in the last 6 months. The following question is a local option, thus if a project site elects to include the question, the respondent should be asked about frequency on non-injected use in the last 6 months, before going to the next drug.

QD57 Frequency of injection during injecting months in last 6 months

The question applies only to those months in which the respondent injected on at least one occasion and excludes months in which no injection took place. "Never/none" is not a permissible response here since this question is only asked of respondents who have already asserted some injecting behavior in the last 6 months.

QD58 Injection days per month

Again the question applies only to those months in which the respondent injected on at least one occasion and excludes months in which no injection took place. Code "everyday" as "30", thus the minimum response is "01" and the maximum "30".

QD59 Number of injections per day

Again the question applies only to those months in which the respondent injected on at least one occasion and excludes months in which no injection took place. Enter "95" for 95 or more.

QD61 Friends or family who inject drugs

Anyone whom the respondent thinks of as "family" is included whether or not related by blood or marriage.

SECTION E: INJECTING AND SHARING BEHAVIORS

Needles and syringes can be obtained separately or as a unit, depending on the locale, thus all questions ask about needles and/or syringes.

Sharing a solution in this questionnaire means drawing part of a solution out of common container available for use by more than one person. Although frontloading and backloading are also methods of sharing solutions, these activities are always listed separately.

A "hit doctor" or "professional injector" is someone who gets paid money, drugs, or other goods or services by people to help them inject

In some countries people go to a rented hotel room to inject. Any place to which people go with injecting as their main purpose counts as a shooting gallery, unlike somewhere like a club where people go to dance but may inject while they are there.

QE01 Frequency of injecting with used needles and syringes.

This question is similar to question QD57 from the previous section but instead of asking for an overall frequency of injecting, it asks for the frequency with which the respondent injected with "used" needles and syringes given to him/her by someone else. It is important that the respondent recognizes this distinction and it will help if you emphasize the words "used needles and syringes" when asking the question.

You may find that drug users who regularly share with their spouses/partners do not regard this as sharing. Adding the prompt, "This includes injecting with used needles and syringes given to you by your spouse/partner" at the end of the question should make it clear that spouses/partners should be included.

QE02 Source of used needles and syringes.

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. A "hit" doctor is a person who injects others for payment in money, goods, or services. The local term should be substituted. If the respondent does not have a primary sex partner etc. the response is "never".

QE03 Number of people who gave used needles

This question asks the respondent to estimate the number of different people who have given them used injecting equipment in the last 6 months.

Please note: The question is not asking for the natural history of individual syringes – that is the number of individuals who may have used needles and syringes before respondents used them.

Some respondent will have difficulty in providing an estimate and so you will need to probe. Encourage the respondent to break the block of time into shorter periods, for example 3 months and remember to use neutral probes, such as "was it more than ten or less than ten?"

QE05 Method of cleaning "used" needles and syringes

This question asks for the most common way of cleaning injecting equipment. Do not prompt respondents by reading out the list and code only one method.

Please note: pouring boiling water over equipment should be coded as code "01" (water). Only use code "02" (boiling) when equipment is submerged in water and boiled for a minute or longer.

QE07 Use of a “pre-filled” syringe.

Pre-filled syringes refer to syringes that are filled with drug solution prior to being sold. Usually the buyer does not see the syringe being filled.

QE08 Using a needle/syringe after backloading etc. by another.

Includes situations where a dealer did the backloading etc.

XE11 Use of "safe injecting room"

These exist only in a few countries. These are specially designated injection places which are monitored by responsible parties to ensure that only sterile equipment is used. Each project site must decide whether the question makes sense locally.

QE16 Frequency of passing on used needles and syringes

When asking this question remember to prompt "This includes giving needles and syringes to your partner".

QE18 Recipient(s) of used needles and syringes.

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. A "hit" doctor is a person who injects others for payment in money, goods, or services. The local term should be substituted. If the respondent does not have a primary sex partner etc. the response is "never".

XE21 Person(s) helped at injection initiation by respondent

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category.

QE22 New sterile needles and/or syringes

Make sure that the respondent understands that this means a new needle/syringe fresh out of an intact package.

QE24 Most frequent source of sterile needles and/or syringes

Ask this question only if more than one "yes" is circled in QE23. For items appearing in the list use the item number as the code. For “written-in” items use the filled-in code.

QE26 Lifetime high-risk injection partners

The listed items are not mutually exclusive. E.g., a male drug injectors who had sex with men and who was also HIV positive would be counted in items 1 and 3.

SECTION F: LAST INJECTION EVENT.

XF06 Relationship of persons present at last injection event.

The first 8 categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. However, a person counted in one of the first 8 categories may also be counted in category 9 or category 10 if that person is more than 5 years older or younger than the respondent. If the respondent does not have a primary sex partner etc. the response is "no".

XF10 Relationship of person respondent knew best.

NOTE: The introductory sentences, "Now we are still talking about ..." should not be read out if the interviewer has skipped from XF03 to XF10, since the skip indicates that only one other person was present at the last injection event, so to talk about "the person you knew best" is not meaningful.

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. e.g., if the person is both a dealer and a non-primary sex partner, code "2" should be circled.

XF16-XF21

Skip these questions if there was only one other person present with the respondent.

XF16 Relationship of person respondent knew least.

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. e.g., if the person is both a dealer and a non-primary sex partner, code "2" should be circled.

XF22 Drug acquisition.

"Getting" drugs includes buying, exchanging for other drugs, goods, or services, receiving as a gift, taking out of one's own store, etc.

XF24 Drug preparation

"Preparation" means preparing the solution ready for injection. This is a relatively short process, not to be confused with the time-consuming "production" of home-made drugs such as those produced from poppy straws in the Russian Federation.

SECTION H: SEXUAL BEHAVIOR.

This section first asks questions in detail about sexual activity with any partners of the opposite sex. Separate questions are presented for primary partners, casual partners, "clients", and paid partners. The section concludes with a few questions about sexual activity with any partner of the same sex. These "same sex" questions do not distinguish between types of partner. If respondent appear hesitant or reluctant to answer, reassure them that the information will be treated as confidential.

The section contains fairly complex skip instructions, which screen out questions which are not relevant to the respondent. Pay special attention to the skip patterns in this section as it is very easy to get lost.

In order to help respondents answer the questions, a series of definitions are provided which provide a framework for the answers. The definitions given are as follows:

- a) Sexual intercourse includes vaginal and anal intercourse and oral sex unless the questions specifies "vaginal or anal". If the respondent does not appear to understand the term vaginal, prompt by saying "that mean intercourse using the front passage". If the respondent does not appear to understand the term anal, prompt saying "that means intercourse using the back passage". In the questions about sex with clients and paid partners, sex includes vaginal and anal intercourse, oral sex and "hand jobs" (masturbation).
- b) Primary partner(s) is/are the respondent's most important regular sexual partner(s). In some cultures a person has only one primary partner at a time, (although a person might have a succession of primary partners over the course of 6 months), whereas in others two or more is not uncommon. Ask all "primary partner" questions as if there is only one primary partner, unless the respondent tells you (in response to QH03) that he/she had two or more primary partners over the 6-month period of reference,
- c) Casual partners are people with whom the respondent has been having sexual relations other than their primary sexual partner.
- d) Clients are sex partners who pay the respondent for sex. Payment may be in money, goods, or drugs. Occasionally clients may also provide services such as home decorating in return for sex. Paid partners are those who are paid by the respondent to have sex. Payment may be in money, goods, or drugs. These questions do not refer to sex that occurs in the context of a relationship in which money, drugs and probably many other things are also shared. These questions refer to exchange of sex ONLY for money or drugs. That is, if money was not given, sex would not have been provided. One good criterion is that the exchange was negotiated or understood before the sex took place.

QH01-QH07 ask about primary partners of the opposite sex.

QH08-QH12 ask about casual partners of the opposite sex.

QH13-QH17 ask about clients of the opposite sex.

QH18-QH20 ask about sex with paid partners of the opposite sex.

QH21-QH23 ask males about sex with males.

QH24-QH26 ask females about sex with females.

QH02 Frequency of vaginal/anal intercourse with primary partner.

Since we define "primary partner" to mean the most important regular partner, respondents would usually only have one (or possibly two) of these sex partners at any one time - but could have had a series of them over the six-month period.

QH05 Injecting drug users among primary sex partners.

The response can range from "0" to the number of sex partners recorded in QH03.

XH06 High-risk primary sex partners

The listed items are not mutually exclusive; e.g., a partner who was HIV positive and also diagnosed with hepatitis would be counted in items 1 and 2. For item 3, if the respondent is female the partner(s) must be male, so ask "Had sex with men?"; if the respondent is male the partner(s) must be female, so ask "Had sex with other men?".

QH07 Methods of contraception

If the respondent has had more than one primary partner in the last six months, code all methods of contraception used. In some instances couples may use two methods of contraception, for example condoms and a spermicide.

If neither the respondent nor the partner(s) used any form of contraception, circle "yes" for item 1 and "no" for all remaining items in the list.

Some definitions follow:

Condoms: A rubber sheath that the man wears on his penis during intercourse. May be used in conjunction with a spermicide.

Female condoms: Sometimes referred to as the "Reality" condom (the trademark name) this is a latex device used by women in some cultures

Oral Contraceptives: Commonly known as "the pill", the oral contraceptive pill is taken either for 21 days (mini-pill) or 28 days in each cycle.

Intramuscular contraceptive: Intramuscular injection given every three or six months. A common brand name is Depo-provera

Intrauterine device (IUD): The IUD is fitted into the uterus by a doctor or trained nurse. The two most common types of this device are the Copper-T and Lippes Loop.

Diaphragm/cap: The diaphragm or cap is a reusable rubber device which is fitted into the vagina before sex and acts as a barrier preventing sperm entering the uterus. The diaphragm is usually used in conjunction with a spermicide.

Sponge or spermicide: A sponge contains a spermicide and is placed in the vagina before sex. A variety of spermicides are available including tablets, jellies and creams. Spermicides can be used by themselves without a sponge, and are usually deposited in the vagina using some sort of syringe.

Rhythm method: The principal of this method is abstinence from sex for a number of days before and after ovulation, thus reducing the probability of conception. Time of ovulation may be estimated by counting number of days since menstruation or by taking daily temperature.

Sterilization: Female sterilization (tubal ligation) is commonly called the "operation" or having the "tubes tied". Male sterilization is usually referred to as a vasectomy. Women may also be sterilized for medical rather than family planning reasons. The most common medical sterilization is removal of the womb (hysterectomy). If the female has been sterilized for medical reasons this should be coded as the method of contraception.

QH08 Frequency of vaginal/anal intercourse with casual partners

Emphasize that primary partner(s) covered in the preceding questions are not to be included here.

QH11 Injecting drug users among casual sex partners.

As the respondent may not know very much about some short-term or casual partners they will not necessarily know whether they had ever injected drugs. Count only those partners whom the respondent knows for certain have injected drugs at some time.

XH12 High-risk casual sex partners

These listed items are not mutually exclusive; e.g., a partner who was HIV positive and also diagnosed with hepatitis would be counted in items 1 and 2. For item 3, if the respondent is female the partner(s) must be male, so ask "Had sex with men?"; if the respondent is male the partner(s) must be female, so ask "Had sex with other men?".

QH13 Clients

If respondents are offended or upset by being asked whether they have had "clients", reassure them that everyone in the study is being asked this question.

QH15 Number of clients

If respondent has difficulty giving an estimate, probe by asking how many clients they have in an average day, how many in an average week etc. If a respondent had clients for (say) the first two out of the six months then none for the remaining four months, ask for the total number of different clients and average over the 6 months.

QH21-QH26

Sexual intercourse in this context is by definition anal or oral sex. Prompt respondents to include those occasions when in prison or when forced to. When asking the questions stress the time period "within the last 5 years" as this time period occurs for the first time at this point in the questionnaire.

SECTION I: TRAVEL

This section asks questions about the places respondents have traveled to in the last two years and any drug injecting or sexual activity there.

QI01 Injecting drugs outside city area

The "city area" refers to the collaborating city. For most places where drug injecting has occurred it will be clear whether it was in or out of the city area, but for a few small towns/communities which are adjacent to the city it may not be so clear. Each project site should therefore draw up a list of the communities which are on the border of the city area and specify whether they are within or without the city area.

QI02-QI07

Occasionally respondents interpret the questions as meaning people whom they met in the project city but who were originally from a place outside. To make the meaning of the question clear, stress the phrase, "we are only interested in the people you met in these places".

SECTION J: AIDS KNOWLEDGE AND BEHAVIOR CHANGE

QJ02-QJ04 How often talk about AIDS?

The time frame for these questions is left unspecified; we want to determine what the respondent habitually does now.

QJ06 Ways of catching AIDS virus

If respondent does not know any ways circle "yes" for item 1, and "no" for all remaining items.

QJ09 Changes in risk behaviors

Started to use more (or exclusively) new needles/syringes belongs under "Reduced sharing equipment/drug solutions" (or "Stopped ...").

XJ10 Know persons with HIV/AIDS

The first two items are mutually exclusive of each other, but all others are not; e.g., if respondent knows an HIV positive injecting drug user with whom he/she has never shared equipment, and that person also lives in the respondent's household, circle "yes" for both items 2 and 4.

SECTION K: MEDICAL HISTORY

In this section the focus is on physical not mental health.

QK02-QK03 Infections

Ask items 13 through 15 only if the respondent is a Current or Ex-Injector. Ask items 16-17 only if the respondent is female. For each item, leave the year blank if the respondent does not say that he/she was ever infected.

QK04 Pre-test counseling for HIV

This refers to counseling by a trained person who explains what the test is for, describes the procedure, and discusses reasons for and against getting the test.

QK05 Tested for AIDS Virus

Some respondents may be unwilling to say whether they have been tested for the Aids virus. Try to distinguish between refusal to answer and "Don't know". The "Don't know" option is for respondents who are uncertain whether they have been tested.

QK07 Results of Test

Some respondents may be unwilling to give the result of the test. If this happens reassure the respondent about the confidentiality of the information. "Don't know" is for respondents who have been tested anonymously or are still waiting for the results.

QK09 Post-test counseling for HIV

This refers to counseling by a trained person who gives the test results to the patient, discusses the implications, provides information on risk reduction to self and/or others, and refers HIV positive patients to available services.

QK14 Anti-AIDS medications

If a respondent has taken more than one medication but does not know the names of all of them, circle "yes" for item 5 in addition to "yes" for named medications.

SECTION L: HEPATITIS

Only the first four questions (QL01 – QL04) are core questions, the remainder of the section is local option. Everyone gets asked QL01. If the respondent cannot name any types of hepatitis (in question QL01) the interviewer skips immediately to Section M. Respondents who are able to name at least one specific type of hepatitis are then asked questions QL02 through QL04 (with possible skips over QL03 or QL04).

For local option questions in the hepatitis section we would like to obtain information about hepatitis B and hepatitis C separately if possible, but the specific questions asked depend on the respondent's knowledge about different types of hepatitis. Then proceed as follows:

- i) For respondents who mention both hepatitis B and hepatitis C in QL01, ask each of the questions XL05 through XL20 for "hepatitis B" and "hepatitis C" separately. E.g., For XL05-XL07 first ask "How is hepatitis B transmitted?", record the response(s) in the "Hep B" column, probe with "any other way?", and record any additional ways mentioned by the respondent. Then ask "How is hepatitis C transmitted?", record the response(s), probe with "any other way?", and record any additional ways mentioned by the respondent. If at any time the respondent says that his/her response applies to some kind of hepatitis but he/she does not know which type of hepatitis, record the response in the "Hep(any)" column. Then go to XL08-XL10 and carry out the same procedure. Continue on in this way. After questions XL20-XL22 proceed to question XL23.
- ii) For respondents who mention hepatitis B, but not hepatitis C (regardless of other types mentioned), ask each of the questions XL05 through XL20 for "hepatitis B" only, and record responses in the "Hep B" column. If at any time the respondent says that his/her response applies to some kind of hepatitis but he/she does not know which type of hepatitis, record the response in the "Hep(any)" column. After questions XL20-XL22 proceed to question XL23.
- iii) For respondents who mention hepatitis C, but not hepatitis B (regardless of other types mentioned), ask each of the questions XL05 through XL20 for "hepatitis C" only, and record responses in the "Hep C" column. If at any time

the respondent says that his/her response applies to some kind of hepatitis but he/she does not know which type of hepatitis, record the response in the "Hep(any)" column. After questions XL20-XL22 proceed to question XL23.

iv) For respondents who do not mention hepatitis B or hepatitis C (but do mention another type), ask each of the questions XL05 through XL20 for "hepatitis" only, and record responses in the "Hep(any)" column. After questions XL20-XL22 skip to section M.

QL01 Name hepatitis types

If the respondent cannot name any specific types of hepatitis then circle "yes" for item 1 and circle "no" for the remainder of items in the list. If respondent never heard of hepatitis at all, write "don't know" on other, enter the code "99" and circle "1". After either of these responses, skip to Section M.

QL03 Number of hepatitis B shots.

The maximum number of shots in a series is 3. However, it is possible that a respondent quit in the middle of a series, and then started again at a later time, so enter the response given - even if more than 3. If more than 9 enter "9".

XL05-XL07 Routes of transmission for hepatitis B/C

If respondent does not know of any routes for the hepatitis type that is being asked about, circle "yes" for the first item in the appropriate column, and circle "no" for all the remaining items in the column.

XL17-XL19 Know persons with hepatitis B/C

The first two items are mutually exclusive of each other, but all others are not; e.g., if respondent knows an infected injecting drug user with whom he/she has never shared equipment, and that person also lives in the respondent's household, circle "yes" for both items 2 and 4 in the appropriate hepatitis type column.

XL20-XL22 Ever discussed hepatitis B/C with others

The first two items are mutually exclusive of each other, but all others are not; e.g., if respondent has discussed hepatitis with an injecting drug user with whom he/she has never shared equipment, and that person also lives in the respondent's household, circle "yes" for both items 2 and 4 in the appropriate hepatitis type column.

XL23 Tested for hepatitis C

Some respondents may be unwilling to say whether they have been tested for hepatitis C. Try to distinguish between refusal to answer and "Don't know". The "Don't know" option is for respondents who are uncertain whether they have been tested.

XL24 Results of Test

Some respondents may be unwilling to give the result of the test. If this happens reassure the respondent about the confidentiality of the information. Don't know

is for respondents who have been tested anonymously or are still waiting for the results.

SECTION M: SERVICE UTILIZATION

QM01 Last medical services

Includes both voluntary and forced treatment

QM03 Reasons for lack of medical treatment when needed

No insurance is the same as "cannot pay for it"

QM06 Ever not utilized services for fear of the police or other authorities

Emphasize "medical, HIV prevention, or drug-related" here, as previous questions focused only on medical treatment or on drug treatment.

QM07 Services not utilized

If a respondent indicates that he/she is afraid to use any services because he/she is being watched or hunted by the authorities, circle "yes" for item 1 (and "yes" for any other items mentioned). This could occur if the respondent is on the run from the authorities, on probation, or suffers from a generalized paranoia about institutions of any kind.

SECTION N: OVERDOSE

QN04 Assistance in an overdose situation

If the respondent and others present did nothing, circle "yes" for item 01, and "no" for all other items in the list. If they did something, circle "no" for item 01, "yes" for mentioned items, and "no" for the others.

XN09 Injected drugs leading to overdose

If the subject had not injected any substances when overdose occurred, enter the code "00" on each of the three lines. Otherwise, for each injected drug used, write the name of the substance in the space provided. After interview completion, the interviewer should locate the corresponding code from the MCB. There is space for up to three substances. Enter the code "00" on unused lines.

XN10 Non-injected substances leading to overdose

If the subject had not used any non-injected substances when overdose occurred, enter the code "00" on each of the three lines. Otherwise, for each non-injected substance used, write the name of the substance in the space provided. After interview completion, the interviewer should locate the corresponding code from the MCB. There is space for up to three substances. Enter the code "00" on unused lines.

XN13 Persons who assisted the respondent after overdose

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category; e.g., a non-drug-using sex partner who is also an outreach worker would be counted in category 05.

XN14 Persons who did not assist the respondent after overdose

The categories are mutually exclusive, listed in hierarchical order of precedence, so no one person should be counted in more than one category. (See e.g. for XN11).

SECTION O: VIOLENCE

Includes violence stemming from any cause including alcohol-related

SECTION P: CONCLUSION

XP02 Respondent's children

The intention of this question is to ascertain how many children the respondent has given birth to or fathered.

PROMPT CARD A

- Never / none. A
- Less than once a month. B
- 1 to 3 times a month C
- About once a week D
- 2 to 3 times a week E
- 4 to 6 times a week F
- About once a day. G
- 2-3 times a day, almost every day H
- 4 or more times a day, almost every day I

PROMPT CARD B

None (0%)	1
A few (1 - 25%)	2
About half (26 - 74%)	3
Most (75 - 99%)	4
All (100%)	5

PROMPT CARD C

Never (0%)	1
Occasionally (1 - 25%)	2
About half the time (26 - 74%)	3
Mostly (75 - 99%)	4
Always (100%)	5

PROMPT CARD D

Once.	1
Twice	2
3 to 5 times.	3
6 to 10 times.	4
More than 10 times.	5

PROMPT CARD E

Never	0
Once or twice	1
A few times	2
About once a year	3
About once a month	4
About once a week	5
Too many times to keep track of	7

BASIC INTERVIEWER SKILLS and INTERVIEWER TRAINING

An interviewer must be interested in the survey topic and comfortable asking questions about it. He/she must not express anxiety over his/her own performance during an interview. Plenty of practice, including role-playing of interviewer and respondent, helps to alleviate anxiety, particularly for interview topics that make interviewers personally uncomfortable. Supervisors should monitor all interviews during the start-up period until consistent protocol adherence is attained. Thereafter periodic monitoring helps to ensure that mistakes in interview administration do not become habits. In addition to general interviewing techniques given below, interviewers might need specific training in:

- Rapport building/preparing respondents
- Dealing with resistance
- Dealing with rambling respondents
- Dealing with intoxicated respondents
- Dealing with nodding respondents
- Dealing with sensitive issues
- Dealing with manipulation
- Awareness of impact of race/gender etc. (client might be more reluctant to share sensitive information)
- Inherent differences
- Confidentiality
- Coding responses

ESTABLISHING RAPPORT

Rapport is established when the respondent perceives you as a non-judgmental, genuinely understanding and caring person. Your initial contact with the respondent will strongly influence your later ability to establish rapport. Be aware of your own mood and feelings as you begin each contact. Notice the mood and behavior of the respondent as you first meet. The more comfortable you are, the more comfortable the respondent will be, and the more honest and valid the responses will be.

To establish good rapport, be aware of the nonverbal signals you may give to respondents:

- Be relaxed
- Interact with the respondents in a friendly, interested, but professional manner. Smile if culturally appropriate.
- Maintain your role, objectivity and the respondent-interviewer relationship
- Maintain confidentiality of all respondent information and data.
- Conduct interviews in an officially designated space, with privacy, freedom from interruption and other distractions.
- Maintain eye contact (if culturally appropriate).
- Your posture, gestures, and voice tone, and where you sit in relation to the respondent, can all affect the relationship.
- Permit the respondent to take a break if necessary.

MOTIVATING RESPONDENTS

Many respondents want to talk to someone who will really listen. It is very important for the interviewer to let the respondent know that his/her experiences are meaningful. You may be the only person that has ever asked some of these questions and that has taken the time to listen.

General motivating techniques:

- Be polite
- Be aware of social and cultural norms in asking questions
- Respondents should not feel obligated or coerced to participate
- Try to schedule the interview at the respondent's convenience

Motivating techniques at the beginning of the interview:

- Thank respondents for their time and assistance
- Explain how their information and answers will be used
- Assure respondents of confidentiality of responses

Non-verbal motivating techniques

- Maintain eye contact as culturally appropriate
- Pay close attention to respondent's "body language" (facial expressions, leaning forward, etc.)
- Remain silent sometimes to give respondents time to compose thoughts or to generate further response(s).

Verbal motivating techniques

- Paraphrasing what the respondent has just said shows that you have been actively listening and may help clarify the participant's feeling or thoughts. It may encourage further explanation for open-ended questions, and will help to check the validity of the interviewer's understanding of respondent's statements. Paraphrasing involves using different words to say what the respondent already said, for example "It sounds like..." or "I hear that...".
- Repeating a key phrase from the respondent's response to an open-ended question may help to determine the focus of a long answer.
- Encourage the respondent to stay focused on the topic
- Be sensitive to a respondent's reluctance to answer a question; forcing an answer may jeopardize the quality of answers to remaining questions.
- Pay attention to the respondent's replies. If the respondent has not answered the question say something like "That's not exactly what I asked, let me just read the question again", and repeat the question as written. If the respondent still does not appear to understand, reword the question slightly. Project sites should schedule frequent staff meetings to discuss a uniform approach to rewording of questions.
- Be genuinely interested in what respondent says. Interviewer boredom can be a problem after administration of many interviews - it helps to be very attentive to the respondent.

ASKING INTERVIEW QUESTIONS

Methods to avoid common problems

- Listen carefully to what the respondent says
- Indicate you are listening through your facial expressions and body gestures
- Use facial expressions and tone of voice consistent with discussion

- Be respectful and attentive
- Avoid talking too much
- Avoid making preconceptions or assumptions
- Avoid asking leading questions
- Be careful when paraphrasing respondents' statements
- Avoid being judgmental
- Do not go through the interview too fast or too slow
- Beware of distracting interviewer behaviors or mannerisms
- Review completed questionnaires for accuracy as soon as possible.

LISTENING TO RESPONSES

Methods for successful listening

- Pay attention throughout the interview
- Mirroring or paraphrasing responses
- Be patient
- Understand and show empathy for respondent. Empathy reduces defensiveness, thus creating an open, honest atmosphere, a place where it will not be too difficult to tell the truth about very personal information.
- Ensure that responses are valid:
 - a) Responses must be complete
 - b) Responses must be consistent. Point out inconsistencies and ask for clarification (without sounding confrontational)
- Clarify any terms that are unclear to respondent/interviewer
- Ask questions for clarification of responses

COMMON PROBING ERRORS

- Not probing enough (uncritical acceptance of inadequate response)
- Probing too much (interrupt interview flow and may annoy respondents)
- Introducing bias with verbally or non-verbally "loaded" probes.
- Correcting factual misinformation provided by respondent
- If probing results in eliciting answers to questions that occur later in the interview, do not fill in those responses. Ask the questions as written and allow the respondent another opportunity to respond when you reach that question later.

MAINTAINING RAPPORT

Periodically, throughout the interview, re-assess how comfortable the respondent is. Pay particular attention to the respondent's facial expressions, tone of voice, posture, blushing, tearing, pausing, stammering, lip biting, lowering head, voice speed and tone (loudness or whispering), etc. If she/he seems ill at ease, stop questioning for a while and try to discuss the respondent's feelings and reactions to the interview. Let the respondent know that everyone gets asked the same questions, and that it is not unusual for people to feel a little embarrassed sometimes. Tell the respondent that he/she can refuse to answer any questions that make him/her too uncomfortable, although you really would appreciate it if he/she could answer as honestly and as fully as possible.

Let the respondent know that we are interested in learning his/her experiences, perceptions, opinions and point of view, and that they are valuable. ("We want you to

help us understand", "We want to hear what you think", "We want to learn about you", "We are not here to pass judgment", "I will try to hear and understand you as I would hope you would hear and understand me", etc.). Don't assume you know how the respondent feels. We are all different and handle things in a different way.

CLOSURE

The interview process may be hard for some participants. You might be the only person to whom she/he ever told such intimate details. Be respectful of this. Thank the respondent, tell him/her how much this information will help others in the long run. It is up to you to make the respondent feel that what she/he has done is important.

Seroprevalence Survey Component

Persons who inject illicit psychoactive drugs are at high risk for infection with blood-borne diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV). In order to develop effective interventions for reducing adverse consequences associated with injecting drug use throughout the world, it is essential that we assess not only the level of risk behavior but also the prevalence of these associated diseases in drug-injecting populations throughout the world. There is still a great need to enhance our understanding about the relationships between a wide range of injection risk behaviors and blood-borne infections, and geographic variation in these relationships. Thus the seroprevalence survey should be considered a critical component of the overall study. Project sites who are unable to collect or analyze serum samples may consider using saliva specimens for HIV and HCV if laboratory testing can be arranged. Currently there are no saliva tests available for HBV.

All sites participating in Phase II of the study are strongly encouraged to test all subjects for HIV, HCV antibody and hepatitis B core antibody, (and additionally for hepatitis B surface antigen if resources permit). If resources preclude testing all subjects, testing of injecting drug users should take priority, and if it is impossible to test all IDUs, a subset should be selected randomly.

Testing of subjects for HIV, HBV, and HCV infection raises serious ethical issues. At a minimum, subjects must be offered a) education about each of the diseases and the implications of infection, b) risk-reduction counseling, and c) linkages to locally available prevention, treatment, or support services. Resources for such services should be identified prior to implementation of the study. Additionally, each participating site should review the appropriate local legal and ethical issues concerning HIV/HBV/HCV testing, and submit the planned protocol to the local ethical review board, prior to recruitment of subjects for the study.

Studies can be carried out using linked or de-linked testing as follows:

1. Linked Testing. Project personnel record the subject's name (and/or other unique identifiers) and the Interview ID number (unique within project site) when obtaining a blood or saliva sample. The sample is submitted to the laboratory, identified only by the Interview ID number. When the test results are obtained from the laboratory, authorized project personnel can link the Interview ID number to the subject's name, and results can be given to the subject. Laboratory results can be linked to the questionnaire data by the Interview ID number.
2. De-Linked Testing. Project personnel record the subject's Interview ID number, but no other identifiers, when obtaining the blood or saliva sample. The sample is submitted to the laboratory, identified only by the Interview ID number. Laboratory test results are not given out to subjects, but can be linked to the questionnaire data by the Interview ID number.

Procedure

It is advisable for testing to be carried out as soon after the interview as is practical, to avoid "losing" subjects. All testing should be preceded by a short educational/information session (preferably individual, although group sessions are

acceptable) to fully inform the subject about behaviors associated with risk for HIV, HBV, or HCV infection, and about the benefits and risks associated with testing. This pre-test session may be provided either by the Interviewer or by the person conducting the testing. Projects may use their own discretion about using the same personnel for both tasks.

Benefits of testing include:

- a) At the community level, knowledge about the cause of AIDS and hepatitis and means of transmission may lead to more effective methods of treatment or prevention, which could literally save thousands of lives throughout the world.
- b) In studies which conduct linked testing, subjects who return for results may be better able to plan their future behavior to protect their own health and the health of others, including their sexual partners and future children.

Risks of testing include:

- a) If blood samples are collected, there is a very small risk associated with drawing of blood, although this should be minimized by ensuring that blood is drawn only by a trained medical technician.
- b) Loss of confidentiality of the data. All possible precautions must be taken to ensure that the laboratory test results can never be linked to an individual, except by authorized project personnel when linked testing is carried out. Local legal requirements for disclosure in particular situations must be fully discussed.
- c) The psychological burden of learning that one is HIV positive. Some persons who are told that they have been exposed to the HIV virus undergo stress or depression, and similar reactions may occur upon learning that one has hepatitis B or C. Counseling, medical support and psychological assistance must be readily available to minimize such problems.

Since a subject cannot agree to a procedure about which he/she is insufficiently informed, consent for HIV/HBV/HCV testing should be sought after the pre-test information session, and subjects should be offered the option of refusing to undergo the test at that time.

The distinction between linked and de-linked testing may not be clear in situations where the interviewer also conducts the testing, since the interviewer knows both the subject's name and Interview ID number. The issue is more one of record-keeping. If the project decides to conduct de-linked testing, names or other identifying information about a subject should not be recorded.

Selection Bias in Testing

Some subjects may refuse or avoid testing. For others, it may be impossible to draw blood, or sufficient blood. In order to adjust for testing bias when analysing the questionnaire data, it is crucial that the reasons for non-participation be recorded. A small database should be set up to keep track of subject Interview ID numbers, date of testing, submission of specimens to the laboratory, and test results. The NYC Survey Coordinating Center will be preparing an EPI-INFO or Access database for this purpose, and the database should be submitted with the questionnaire data at the end of the project. Project sites which wish to design their own database in any other software should consult with NYC.

Reasons for no testing at all include the following:

1. Subject did not show up for testing (or “disappeared” right after questionnaire completion).
2. Subject refused to listen to /attend the pre-test educational/information session.
3. Subject refused testing after the pre-test educational/information session.
4. Phlebotomist could not draw blood or enough blood due to condition of subject’s veins.
5. Phlebotomist not available.
6. Subject not assigned to testing (for project sites whose resources preclude universal testing)

Training of personnel conducting testing

If blood specimens are to be drawn, trained phlebotomists should be used. Regardless of whether blood or saliva samples are collected, the pre-test educational/information session should be conducted by persons fully trained in HIV/HBV/HCV issues and drug use.

Confidentiality and Ethical Issues

The following questions must be carefully considered at the study design stage and procedures described clearly in the Informed Consent documentation:

- a) Who is authorized to access the test results and to match the results to questionnaire and other data?
- b) Does the law require reporting of HIV/HBV/HCV test results to government agencies?
- c) What precautions are taken to ensure that no unauthorized person gains access to any of the test results and that confidentiality is maintained?
- d) To what extent does the project encourage subjects to return for results? From a public health perspective, it would be desirable for subjects to be fully informed, so that they may learn how to protect themselves or others and so that they may be referred to appropriate treatment if necessary. However, individuals may experience psychological distress on learning that they are infected with one of the viruses, particularly HIV. Thus it is imperative that the pre-test session includes discussion about whether or not the subject is prepared to receive test results, and that the results be given out by a trained counselor who is capable of providing appropriate support and referrals.
- e) To what extent does the project provide for the subject’s return visit to obtain test results? All results, positive and negative, should be given face-to-face by a trained counselor located at the study recruitment location, at least during the typical recruitment hours. Payment of transportation and flexible hours counseling hours may facilitate the return visit.
- f) What is the procedure if the subject does not return for results? Does the project attempt to contact the subject or simply wait for the subject to initiate contact?
- g) If treatment for HIV infection is readily available and affordable for HIV-infected subjects, it may be unethical to conduct de-linked testing without at least referring subjects to places where they can receive testing.

Variable Names for Data Entry Programs

Please use the following variable names when creating Epi Info or SPSS or SAS datasets. (Project Sites using other software should notify NYC.) If a question/item does not appear in your local version of the questionnaire, it should be omitted from the dataset. If new questions/items are added at the local level, please create variable names in accordance with the protocol used here. In most cases, variable names are the questions numbers themselves or a concatenation of the question number, the lowercase alphabetic character **z**, and the item number. (Note that earlier versions of the Operations Manual specified that the underline character “_” should be used to join the question number and the item number. However, since variable names in Epi Info cannot contain the underline or any other special characters, we are now using “**z**” instead. Lowercase is used to increase readability at data entry time, but Project sites setting up their own data entry programs may choose to use the uppercase “**Z**” if they wish.) If new items are added to multi-part questions, a new variable name must be created. For example, if PCP and Ecstasy are added to the list of drugs in QD10-QD12, the item numbers will be 13 and 25 respectively, (from the MCB) and the corresponding variable names will be **QD10z13**, **QD11z13**, **QD12z13**, and **QD10z25**, **QD11z25**, **QD12z25**. In the list below, the text “Replace ## by 2-digit code as needed” indicates where such additional items may occur, and Project Sites may add as many items as they wish.

Some questions allow “other” responses with a write-in code to specify the type of “other”. Variable names with a suffix of “V” are used to record the write-in code. E.g., if a respondent answers “Tranquilizers” when asked “Did you ever use other drugs?” in QD10 (and tranquilizers do not appear in the preceding list), the code “11” should be entered into the space for Core Code on item 91 (or 92 or 93 if there are previous “other” responses), “1” should be circled for “yes”, and the age and frequency responses should be entered. At data entry, the Core Code “11” is entered into variable **QD10z91V**, “1” for “yes” is entered into the variable **QD10z91**, age of first use is entered into **QD11z91**, and the frequency code is entered into variable **QD12z91**.

Exceptions to the variable-naming rules apply as follows: For the ID number the variable name **ID** should be used for the first four characters (digits), and **IDX** should be used for the fifth character (A or B indicating treatment or non-treatment sample). Date variables may be entered as a whole, or in parts – the suffixes “D”, “M”, “Y” indicate day, month, year variables respectively. Entering in parts allows for “don’t know” to be entered for the day (or month) part of the date. For question XD30, **XD30zA** and **XD30zB** would be the variable names for the country code and city/town code respectively. A similar scheme applies to question XD47.

If any additional local variables are included in the data set, please ensure that the variable names begin with an alphabetic character other than Q or X in order to distinguish them from variables listed below.

When creating data sets please note that variables containing numeric data should be numeric variables, with the exception of ID which should be a character (length 4) variable. Variables for responses which use Prompt Card A also need to be character (length 1) variables. (Upon request, NYC will supply recommended variable lengths for other variables).

Variable Names

QA01
 QA02
 QA03
 QA04
 QA04zD
 QA04zM
 QA04zY
 QA05
 QA05A
 QA05B
 QA06
 QA07
 QA07zD
 QA07zM
 QA07zY
 QA07A
 QA08
 QA09
 QB01
 QB02
 QB03
 XB04z1
 XB04z2
 XB04z3
 XB04z4
 XB04z5
 XB04z6V
 XB04z6
 XB04z7V
 XB04z7
 QB05
 QB06
 QB07z1
 QB07z2
 QB07z3
 QB07z4
 QB07z5
 QB07z6
 QB07z7
 QB07z8
 QB08
 QB09
 QB10
 QB11
 XB12
 QC01
 QC02z## Replace ## by 2-digit code as needed
 QC02z91V
 QC02z91
 QC02z92V
 QC02z92
 QC03z## Replace ## by 2-digit code as needed
 QC03z91
 QC03z92
 QC04

QC05
QC06
QC07
QC08
QC09
QC10
QC11
QC12z01
QC12z02
QC12z03
QC12z04
QC12z05
QC12z06
QC12z07
QC12z08
QC12z09
QC12z10
QC12z11
QC12z## Replace ## by 2-digit code as needed
QC12z91V
QC12z91
QC12z92V
QC12z92
QD01
QD02
QD03
QD04
QD05
QD06
QD07
QD08
QD09
QD10z01
QD10z02
QD10z03
QD10z04
QD10z## Replace ## by 2-digit code as needed
QD10z91V
QD10z91
QD10z92V
QD10z92
QD10z93V
QD10z93
QD11z01
QD11z02
QD11z03
QD11z04
QD11z## Replace ## by 2-digit code as needed
QD11z91
QD11z92
QD11z93
QD12z01
QD12z02
QD12z03
QD12z04
QD12z## Replace ## by 2-digit code as needed
QD12z91
QD12z92

QD12z93
QD13
QD14
XD15z1
XD15z2
XD15z3
QD16
QD17z01
QD17z02
QD17z03
QD17z04
QD17z05
QD17z06
QD17z07
QD17z08
QD17z09
QD17z10
QD17z11
QD17z12
QD17z13
QD17z14
QD17z15
QD17z16
QD17z17
QD17z18
QD17z19
QD17z## Replace ## by 2-digit code as needed
QD17z91V
QD17z91
QD17z92V
QD17z92
QD18
QD19z01
QD19z02
QD19z03
QD19z04
QD19z## Replace ## by 2-digit code as needed
QD19z91V
QD19z91
QD19z92V
QD19z92
QD19z93V
QD19z93
QD20
QD21
QD22
QD23
QD24
XD25z01
XD25z02
XD25z03
XD25z04
XD25z## Replace ## by 2-digit code as needed
XD25z91V
XD25z91
XD25z92V
XD25z92
XD25z93V

XD25z93
QD26
QD27
QD28
XD29
XD30zA
XD30zB
XD31
XD32
XD33
XD34z01
XD34z02
XD34z03
XD34z04
XD34z05
XD34z06
XD34z07
XD34z08
XD34z09
XD34z## Replace ## by 2-digit code as needed
XD34z91V
XD34z91
XD34z92V
XD34z92
XD35
XD36
XD37
XD38
XD39
XD40
XD41
XD42z01
XD42z02
XD42z03
XD42z04
XD42z05
XD43
XD44
XD45z1
XD45z2
XD45z3
XD45z4
XD45z5
XD45z6
XD46
XD47z1A
XD47z1B
XD47z2A
XD47z2B
XD47z3A
XD47z3B
XD47z4A
XD47z4B
XD47z5A
XD47z5B
QD48
QD49
QD50

QD51
QD52
QD53
XD54z01
XD54z02
XD54z03
XD54z04
XD54z05
XD54z06
XD54z07
XD54z08
XD54z09
XD54z10
XD54z11
XD54z12
XD54z13
XD54z14
XD54z15
XD54z16
XD54z17
XD54z## Replace ## by 2-digit code as needed
XD54z91V
XD54z91
XD54z92V
XD54z92
QD55z01
QD55z02
QD55z03
QD55z04
QD55z## Replace ## by 2-digit code as needed
QD55z91V
QD55z91
QD55z92V
QD55z92
QD55z93V
QD55z93
XD56z01
XD56z02
XD56z03
XD56z04
XD56z## Replace ## by 2-digit code as needed
XD56z91
XD56z92
XD56z93
QD57
QD58
QD59
QD60z01
QD60z02
QD60z03
QD60z04
QD60z## Replace ## by 2-digit code as needed
QD60z91V
QD60z91
QD60z92V
QD60z92
QD60z93V
QD60z93

QD61
QD62
QE01
QE02z1
QE02z2
QE02z3
QE02z4
QE02z5
QE03
QE04
QE05
QE06z1
QE06z2
QE06z3
QE06z4
QE06z5
QE06z6
QE06z7
QE06z8V
QE06z8
QE06z9V
QE06z9
QE07
QE08
QE09
QE10
XE11
QE12
QE13
QE14
QE15
QE16
QE17
QE18z1
QE18z2
QE18z3
QE18z4
QE18z5
QE18z6
QE19
QE20
XE21z1
XE21z2
XE21z3
XE21z4
QE22
QE23z01
QE23z02
QE23z03
QE23z04
QE23z05
QE23z06
QE23z07
QE23z08
QE23z09
QE23z10
QE23z11
QE23z12

QE23z13
QE23z14
QE23z15
QE23z16
QE23z17
QE23z## Replace ## by 2-digit code as needed
QE23z91V
QE23z91
QE23z92V
QE23z92
QE24
XE25
QE26z1
QE26z2
QE26z3
QE26z4
XF01zD
XF01zM
XF01zY
XF02
XF03
XF04
XF05
XF06z01
XF06z02
XF06z03
XF06z04
XF06z05
XF06z06
XF06z07
XF06z08
XF06z09
XF06z10
XF07z01
XF07z02
XF07z03
XF07z04
XF07z05
XF07z06
XF07z07
XF07z08
XF07z09
XF07z10
XF07z11
XF07z12
XF08
XF09
XF10
XF11
XF12
XF13z1
XF13z2
XF13z3
XF13z4
XF13z5
XF14
XF15
XF16

XF17
XF18
XF19z1
XF19z2
XF19z3
XF19z4
XF19z5
XF20
XF21
XF22z1
XF22z2
XF22z3
XF22z4
XF22z5
XF22z6
XF22z7V
XF22z7
XF23z1
XF23z2
XF23z3
XF23z4
XF23z5
XF23z6
XF23z7V
XF23z7
XF24z1
XF24z2
XF24z3
XF24z4
XF24z5V
XF24z5
XF25
XG01
XG02
XG03
XG04
XG05
XG06
XG07
XG08
QH01
QH02
QH03
QH04
QH05
XH06z1
XH06z2
XH06z3
QH07z01
QH07z02
QH07z03
QH07z04
QH07z05
QH07z06
QH07z07
QH07z08
QH07z09
QH07z10

QH07z## Replace ## by 2-digit code as needed

QH07z91V

QH07z91

QH07z92V

QH07z92

QH08

QH09

QH10

QH11

XH12z1

XH12z2

XH12z3

QH13

QH14

QH15

QH16

QH17

XH18

XH19

XH20

QH21

QH22

QH23

QH24

QH25

QH26

QI01

QI02

QI03

QI04

QI05

QI06

QI07

QJ01

QJ02

QJ03

QJ04

QJ05

QJ06z01

QJ06z02

QJ06z03

QJ06z04

QJ06z05

QJ06z06

QJ06z07

QJ06z08

QJ06z## Replace ## by 2-digit code as needed

QJ06z91V

QJ06z91

QJ06z92V

QJ06z92

QJ07

QJ08

QJ09z01

QJ09z02

QJ09z03

QJ09z04

QJ09z05

QJ09z06
QJ09z07V
QJ09z07
QJ09z08V
QJ09z08
QJ09z09
QJ09z10
QJ09z11
QJ09z12
QJ09z13
QJ09z14
QJ09z15V
QJ09z15
QJ09z16V
QJ09z16
QJ09z17V
QJ09z17
QJ09z18V
QJ09z18
XJ10z1
XJ10z2
XJ10z3
XJ10z4
XJ10z5
XJ10z6
QK01
QK02z01
QK02z02
QK02z03
QK02z04
QK02z05
QK02z06
QK02z07
QK02z08
QK02z09
QK02z10
QK02z11
QK02z12
QK02z13
QK02z14
QK02z15
QK02z16
QK02z17
QK02z## Replace ## by 2-digit code as needed
QK03z01
QK03z02
QK03z03
QK03z04
QK03z05
QK03z06
QK03z07
QK03z08
QK03z09
QK03z10
QK03z11
QK03z12
QK03z13
QK03z14

QK03z15
QK03z16
QK03z17
QK03z## Replace ## by 2-digit code as needed
QK04
QK05
QK06z01
QK06z02
QK06z03
QK06z04
QK06z05
QK06z06
QK06z## Replace ## by 2-digit code as needed
QK06z91V
QK06z91
QK06z92V
QK06z92
QK07
QK08
QK09
QK10zM
QK10zY
QK11
QK12zM
QK12zY
QK13
QK14z01
QK14z02
QK14z03
QK14z04
QK14z05
QK14z## Replace ## by 2-digit code as needed
QK15
QK16zM
QK16zY
QL01z1
QL01z2
QL01z3
QL01z4
QL01z5
QL01z6V
QL01z6
QL02
QL03
QL04
XL05z01
XL05z02
XL05z03
XL05z04
XL05z05
XL05z06
XL05z07
XL05z08
XL05z09
XL05z10
XL05z11
XL05z12
XL05z13V

XL05z13
XL05z14V
XL05z14
XL06z01
XL06z02
XL06z03
XL06z04
XL06z05
XL06z06
XL06z07
XL06z08
XL06z09
XL06z10
XL06z11
XL06z12
XL06z13
XL06z14
XL07z01
XL07z02
XL07z03
XL07z04
XL07z05
XL07z06
XL07z07
XL07z08
XL07z09
XL07z10
XL07z11
XL07z12
XL07z13
XL07z14
XL08z01
XL08z02
XL08z03
XL08z04
XL08z05
XL08z06
XL08z07
XL08z08
XL08z09
XL08z10
XL08z11V
XL08z11
XL08z12V
XL08z12
XL09z01
XL09z02
XL09z03
XL09z04
XL09z05
XL09z06
XL09z07
XL09z08
XL09z09
XL09z10
XL09z11
XL09z12
XL10z01

XL10z02
XL10z03
XL10z04
XL10z05
XL10z06
XL10z07
XL10z08
XL10z09
XL10z10
XL10z11
XL10z12
XL11
XL12
XL13
XL14
XL15
XL16
XL17z1
XL17z2
XL17z3
XL17z4
XL17z5
XL17z6
XL18z1
XL18z2
XL18z3
XL18z4
XL18z5
XL18z6
XL19z1
XL19z2
XL19z3
XL19z4
XL19z5
XL19z6
XL20z1
XL20z2
XL20z3
XL20z4
XL20z5
XL20z6
XL21z1
XL21z2
XL21z3
XL21z4
XL21z5
XL21z6
XL22z1
XL22z2
XL22z3
XL22z4
XL22z5
XL22z6
XL23
XL24
XL25
XL26zM
XL26zY

XL27
XL28zM
XL28zY
QM01
QM02
QM03z01
QM03z02
QM03z03
QM03z04
QM03z05
QM03z06
QM03z07
QM03z08
QM03z09
QM03z10
QM03z11
QM03z12
QM03z13
QM03z## Replace ## by 2-digit code as needed
QM03z91V
QM03z91
QM03z92V
QM03z92
QM04
QM05z01
QM05z02
QM05z03
QM05z04
QM05z05
QM05z06
QM05z07
QM05z08
QM05z09
QM05z10
QM05z11
QM05z## Replace ## by 2-digit code as needed
QM05z91V
QM05z91
QM05z92V
QM05z92
QM06
QM07z01
QM07z02
QM07z03
QM07z04
QM07z05
QM07z06
QM07z07
QM07z08
QM07z09
QM07z10
QM07z## Replace ## by 2-digit code as needed
QM07z91V
QM07z91
QM07z92V
QM07z92
QN01
QN02

QN03
QN04z01
QN04z02
QN04z03
QN04z04
QN04z05
QN04z06
QN04z07
QN04z08
QN04z09
QN04z10
QN04z11
QN04z12
QN04z13
QN04z14
QN04z15
QN04z16
QN04z17V
QN04z17
QN04z18V
QN04z18
QN05
XN06
XN07
XN08
XN09z1
XN09z2
XN09z3
XN10z1
XN10z2
XN10z3
XN11
XN12
XN13z01
XN13z02
XN13z03
XN13z04
XN13z05
XN13z06
XN13z07
XN13z08
XN13z09
XN13z10
XN13z11
XN13z12V
XN13z12
XN13z13V
XN13z13
XN14
XN15z01
XN15z02
XN15z03
XN15z04
XN15z05
XN15z06
XN15z07
XN15z08
XN15z09

XN15z10
XN15z11
XN15z12V
XN15z12
XN15z13V
XN15z13
XN16
XN17
XN18
XO01
XO02
XO03
XO04
XO05
XO06
XO07
XO08
XO09
XO10
XO11
XO12
XO13
XO14z01
XO14z02
XO14z03
XO14z04
XO14z05
XO14z06
XO14z07
XO14z08
XO14z09
XO14z## Replace ## by 2-digit code as needed
XO14z91V
XO14z91
XO14z92V
XO14z92
XO15
QP01
QP02
XP03
XP04z1
XP04z2
XP04z3
XP04z4
XP04z5