

ODIN Pilot - Intake Survey, Final - Copy

Start of Block: ADMINISTRATIVE QUESTIONS

X0 This is the FINAL version of the ODIN Pilot Intake Survey.

Before we begin I need to fill out a few quick administrative questions.

X1 Please enter the participant's ID.

X2 Please enter the participant's ID again.

Page Break

End of Block: ADMINISTRATIVE QUESTIONS

Start of Block: SOCIAL SUPPORT

SC0 These next questions ask about your social support. For each question, please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements.

SC8 There is at least one person that I can confide in.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC9 There is someone in my life I can get emotional support from.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC10 There is at least one person that I feel I can trust.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC11 There is someone in my life that makes me feel worthwhile.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC12 There is someone who would come get me if I were stranded somewhere.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC13 There is someone who would give me financial assistance.

- ☐ Strongly agree (1)
 - ☐ Agree (2)
 - ☐ Neither agree nor disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly disagree (5)
-

SC14 There is someone who can help me fulfill my responsibilities when I am unable.

- ☐ Strongly agree (1)
- ☐ Agree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Disagree (4)
- ☐ Strongly disagree (5)

End of Block: SOCIAL SUPPORT

Start of Block: SOCIAL NETWORK – CONFIDE IN

NS0 Next I would like to ask you some questions about people you are close with.

NS1 Sometimes people discuss important personal matters, like relationships, difficult experiences, and health, with people who they are close with. Please take a moment and try to think of everyone who you can confide in.

How many people do you think that you can confide in?

End of Block: SOCIAL NETWORK – CONFIDE IN

Start of Block: SOCIAL NETWORK – DRUG USE

NSD1 Next I would like to ask you some questions about the people you have used drugs with in the past 30 days. By drugs, we mean substances that are either illegal or used in a way that was not prescribed. This DOES NOT include alcohol, tobacco, or marijuana.

How many people have you used drugs with in the past 30 days?

End of Block: SOCIAL NETWORK – DRUG USE

Start of Block: AGE, GENDER, SEXUAL ORIENTATION DEMOGRAPHICS

DM INTRO Before we go any further, we just need to know a few quick things about you

DM1 How old are you?

DM2 What is your current gender identity?

- ☐ Man/Male (1)
 - ☐ Woman/Female (2)
 - ☐ Trans woman/MTF (3)
 - ☐ Trans man/FTM (4)
 - ☐ Genderqueer/Gender Non-conforming/Non-binary (5)
 - ☐ If you prefer a different term, please specify: (6)
-
- ☐ Refused to answer (7)
 - ☐ Don't know (8)

DM3 For research purposes, we often need to group people in a mostly male or mostly female category. Which group would you prefer that we use for you?

- ☐ Man/Male (1)
 - ☐ Woman/Female (2)
 - ☐ Neither/Both (3)
-

DM4 What is your sexual orientation?

- ☐ Heterosexual/Straight (1)
 - ☐ Lesbian (2)
 - ☐ Gay (3)
 - ☐ Bisexual (4)
 - ☐ Pansexual (5)
 - ☐ Queer (6)
 - ☐ Asexual (7)
 - ☐ If you prefer a different term, please specify: (8)
-

- ☐ Refused to answer (9)
 - ☐ Don't know (10)
-

TB4 How many cigarettes do you usually smoke in a day?

- ☐ Not at all (1)
 - ☐ Less than 1 cigarette a day (4)
 - ☐ 1-5 cigarettes a day (5)
 - ☐ Half a pack a day (6)
 - ☐ A pack or more a day (7)
-

AL5 In the past 30 days, how often did you drink alcohol?

- ☐ Never (1)
- ☐ Less than once a month (9)
- ☐ Once a month (10)
- ☐ 2-3 days per month (11)
- ☐ Once a week (12)
- ☐ 2-3 days per week (13)
- ☐ 4-6 days per week (14)
- ☐ Everyday (15)

Skip To: End of Block If In the past 30 days, how often did you drink alcohol? = Never

Display This Question:

If What is your current gender identity? = Man/Male

Or What is your current gender identity? = Trans woman/MTF

Or What is your current gender identity? = Genderqueer/Gender Non-conforming/Non-binary

And For research purposes, we often need to group people in a mostly male or mostly female category.... = Man/Male

Or What is your current gender identity? = If you prefer a different term, please specify:

And For research purposes, we often need to group people in a mostly male or mostly female category.... = Man/Male

AL6A In the past 30 days, how often did you have 5 or more alcoholic drinks in one sitting?

- ☐ Never (1)
- ☐ Less than once a month (11)
- ☐ Once a month (12)
- ☐ 2-3 days per month (13)
- ☐ Once a week (14)
- ☐ 2-3 days per week (15)
- ☐ 4-6 days per week (16)
- ☐ Everyday (17)

Display This Question:

If What is your current gender identity? = Woman/Female

Or What is your current gender identity? = Trans man/FTM

Or What is your current gender identity? = Genderqueer/Gender Non-conforming/Non-binary

And For research purposes, we often need to group people in a mostly male or mostly female category.... = Woman/Female

Or What is your current gender identity? = If you prefer a different term, please specify:

And For research purposes, we often need to group people in a mostly male or mostly female category.... = Woman/Female

AL6B In the past 30 days, how often did you have 4 or more alcoholic drinks in one sitting?

- ☐ Never (1)
- ☐ Less than once a month (11)
- ☐ Once a month (12)
- ☐ 2-3 days per month (13)
- ☐ Once a week (14)
- ☐ 2-3 days per week (15)
- ☐ 4-6 days per week (16)
- ☐ Everyday (17)

End of Block: AGE, GENDER, SEXUAL ORIENTATION DEMOGRAPHICS

Start of Block: NON-INJECTION DRUGS

ND0 In the past 30 days, how often did you use the following substances?

ND1 In the past 30 days, how often did you use marijuana?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND3 In the past 30 days, how often did you use cocaine?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND4 In the past 30 days, how often did you use Ecstasy or MDMA?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND5 In the past 30 days, how often did you use PCP?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND6 In the past 30 days, how often did you use amphetamines?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND7 In the past 30 days, how often did you use methamphetamine?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND8 In the past 30 days, how often did you use barbiturates?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND9 In the past 30 days, how often did you use benzodiazepines?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND10 In the past 30 days, how often did you use opiates/opioids?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND11 In the past 30 days, how often did you use heroin?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND17 In the past 30 days, how often did you use methylphenidate (Ritalin, Concerta)?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND18 In the past 30 days, how often did you use dextroamphetamine (Adderall)?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND19 In the past 30 days, how often did you use lisdexamfetamine (Vyvanse)?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND20 In the past 30 days, how often did you use hallucinogens or psychedelics (such as acid, LSD, psilocybin, etc.)?

- ☐ Never (1)
 - ☐ Less than once a month (2)
 - ☐ Once a month (3)
 - ☐ Once a week (4)
 - ☐ 2-6 times per week (5)
 - ☐ One time per day (6)
 - ☐ 2-3 times per day (7)
 - ☐ 4 or more times per day (8)
-

ND12 In the past 30 days, how often did you use something else not already listed?

- ☐ Never (1)
- ☐ Less than once a month (2)
- ☐ Once a month (3)
- ☐ Once a week (4)
- ☐ 2-6 times per week (5)
- ☐ One time per day (6)
- ☐ 2-3 times per day (7)
- ☐ 4 or more times per day (8)

Skip To: DA11 If In the past 30 days, how often did you use something else not already listed? = Never

ND13 What other substance did you use?

DA11 In the past 30 days, how often have you used alcohol and/or drugs right before you had sex, or while you were having sex?

- ☐ Never (1)
- ☐ Less than once a month (2)
- ☐ Once a month (3)
- ☐ 2-3 days per month (4)
- ☐ Once a week (5)
- ☐ 2-3 days per week (6)
- ☐ 4-6 days per week (7)
- ☐ Everyday (8)

Skip To: End of Block If In the past 30 days, how often have you used alcohol and/or drugs right before you had sex, or wh... = Never

DA12 Why did you use alcohol and/or drugs right before having sex? Select all that apply.

- ☐ No particular reason (1)
 - ☐ I wanted to feel less embarrassed or inhibited during sex (2)
 - ☐ I wanted to zone out or dissociate during sex (3)
 - ☐ I wanted sex to feel better (4)
 - ☐ I wanted to last longer or increase my stamina during sex (5)
 - ☐ My partner(s) was/were using alcohol and/or drugs (6)
 - ☐ Another reason, please explain: (7)
-

End of Block: NON-INJECTION DRUGS

Start of Block: DRUG OVERDOSE

OD0 The next questions ask about your experiences with drug overdoses.

OD1 Have you ever suffered a drug overdose?

- ☐ No (1)
- ☐ Yes (2)

Skip To: OD6 If Have you ever suffered a drug overdose? = No

OD2 In the past 30 days, have you ever suffered a drug overdose?

- ☐ No (1)
- ☐ Yes (2)
-

OD4 What drug(s) were you using at the time of your last overdose?

	No (1)	Yes (2)
Heroin (1)	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (2)	<input type="radio"/>	<input type="radio"/>
Fentanyl (3)	<input type="radio"/>	<input type="radio"/>
Cocaine (4)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (5)	<input type="radio"/>	<input type="radio"/>
Methadone (6)	<input type="radio"/>	<input type="radio"/>
Alcohol (7)	<input type="radio"/>	<input type="radio"/>
Something else, please list: (8)	<input type="radio"/>	<input type="radio"/>
Don't know (9)	<input type="radio"/>	<input type="radio"/>

OD5 The last time you had a drug overdose, did someone give you naloxone/Narcan?

- ☐ No (1)
- ☐ Yes (2)
- ☐ Don't know (3)

OD6 Do you know anyone who has suffered a drug overdose?

- ☐ No (1)
- ☐ Yes (2)

Skip To: End of Block If Do you know anyone who has suffered a drug overdose? = No

OD12 Do you know where to get Narcan (naloxone) if you needed it?

- ☐ No (1)
- ☐ Yes (2)
- ☐ I don't know what this is (3)

Skip To: End of Block If Do you know where to get Narcan (naloxone) if you needed it? = I don't know what this is

OD13 Do you know how to use Narcan (naloxone)?

- ☐ No (1)
- ☐ Yes (2)

End of Block: DRUG OVERDOSE

Start of Block: SUBSTANCE USE TREATMENT

TX0 Next, I'm going to ask you about alcohol and drug treatment programs. These include outpatient, in-patient/residential, detox, methadone treatment, or 12-step programs.

TX1 Have you been to any of the following drug or alcohol treatment programs?

	No (1)	Yes (2)
Outpatient (1)	<input type="radio"/>	<input type="radio"/>
Inpatient/Residential (2)	<input type="radio"/>	<input type="radio"/>
Detox (3)	<input type="radio"/>	<input type="radio"/>
Methadone or Suboxone treatment (4)	<input type="radio"/>	<input type="radio"/>
12-step alcohol program (5)	<input type="radio"/>	<input type="radio"/>
12-step drug program (6)	<input type="radio"/>	<input type="radio"/>
Something else (7)	<input type="radio"/>	<input type="radio"/>

TX2 Are you currently attending or enrolled in any of the following drug or alcohol treatment programs?

	No (1)	Yes (2)
Outpatient (1)	<input type="radio"/>	<input type="radio"/>
Inpatient/Residential (2)	<input type="radio"/>	<input type="radio"/>
Detox (3)	<input type="radio"/>	<input type="radio"/>
Methadone or Suboxone treatment (4)	<input type="radio"/>	<input type="radio"/>
12-step alcohol program (5)	<input type="radio"/>	<input type="radio"/>
12-step drug program (6)	<input type="radio"/>	<input type="radio"/>
Something else (7)	<input type="radio"/>	<input type="radio"/>

TX4 Have you been able to stop using for a period of time since you started using?

☐ No (1)

☐ Yes (2)

Skip To: End of Block If Have you been able to stop using for a period of time since you started using? = No

TX5 What is the single longest time you have been able to not use alcohol or drugs since you started using?

- ☐ 1 week or less (1)
- ☐ More than a week, less than a month (2)
- ☐ 1-3 months (3)
- ☐ More than 3 months, less than 6 months (4)
- ☐ 6 months or more (5)
-

TX6 How many times have you started to use again after you had stopped?

End of Block: SUBSTANCE USE TREATMENT

Start of Block: COVID 19 Experiences

CVX0 The next questions ask about your experiences with the coronavirus that results in COVID-19

CVX Have you lost jobs or taken a cut in pay because of COVID-19?

- ☐ No (1)
- ☐ Yes (2)

End of Block: COVID 19 Experiences

Start of Block: FEELINGS

GAD0 How often have you been bothered by the following over the past 2 weeks?

GAD1 Feeling nervous, anxious, or on edge?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD2 Not being able to stop or control worrying?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD3 Worrying too much about different things?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD4 Trouble relaxing?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD5 Being so restless that it's hard to stay still?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD6 Becoming easily annoyed or irritable?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

GAD7 Feeling afraid as if something awful might happen?

- ☐ Not at all (1)
 - ☐ Several days (2)
 - ☐ More than half the days (3)
 - ☐ Nearly every day (4)
-

K0 The following questions ask about how you are feeling over the past 30 days:

K61 During the past 30 days, how often did you feel nervous?

- ☐ None of the time (1)
 - ☐ A little of the time (2)
 - ☐ Some of the time (3)
 - ☐ Most of the time (4)
 - ☐ All of the time (5)
-

K62 During the past 30 days, how often did you feel hopeless?

- ☐ None of the time (1)
- ☐ A little of the time (2)
- ☐ Some of the time (3)
- ☐ Most of the time (4)
- ☐ All of the time (5)

K63 During the past 30 days, how often did you feel restless or fidgety?

- ☐ None of the time (1)
 - ☐ A little of the time (2)
 - ☐ Some of the time (3)
 - ☐ Most of the time (4)
 - ☐ All of the time (5)
-

K64 During the past 30 days, how often did you feel so depressed that nothing could cheer you up?

- ☐ None of the time (1)
 - ☐ A little of the time (2)
 - ☐ Some of the time (3)
 - ☐ Most of the time (4)
 - ☐ All of the time (5)
-

K65 During the past 30 days, how often did you feel that everything was an effort?

- ☐ None of the time (1)
- ☐ A little of the time (2)
- ☐ Some of the time (3)
- ☐ Most of the time (4)
- ☐ All of the time (5)

K66 During the past 30 days, how often did you feel worthless?

- ☐ None of the time (1)
 - ☐ A little of the time (2)
 - ☐ Some of the time (3)
 - ☐ Most of the time (4)
 - ☐ All of the time (5)
-

MHD1 Have you ever been diagnosed with any of the following?

	No (1)	Yes (2)
Major Depression (1)	<input type="radio"/>	<input type="radio"/>
Borderline Personality (2)	<input type="radio"/>	<input type="radio"/>
ADD/ADHD (3)	<input type="radio"/>	<input type="radio"/>
PTSD/Complex PTSD (4)	<input type="radio"/>	<input type="radio"/>
Anxiety Disorders (5)	<input type="radio"/>	<input type="radio"/>
Schizophrenia (6)	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder / Manic Depressive (7)	<input type="radio"/>	<input type="radio"/>
Antisocial Personality Disorder (8)	<input type="radio"/>	<input type="radio"/>
Dissociative Identity Disorder (9)	<input type="radio"/>	<input type="radio"/>
Oppositional Defiant Disorder (10)	<input type="radio"/>	<input type="radio"/>
Conduct Disorder (11)	<input type="radio"/>	<input type="radio"/>
A different diagnosis: (12)	<input type="radio"/>	<input type="radio"/>

End of Block: FEELINGS

Start of Block: EXPERIENCES

E1 In the past 30 days, which of the following has happened to you?

	No (1)	Yes (2)
Had something stolen from you (1)	<input type="radio"/>	<input type="radio"/>
Been beaten up (2)	<input type="radio"/>	<input type="radio"/>
Been robbed (3)	<input type="radio"/>	<input type="radio"/>
Been threatened with a weapon (4)	<input type="radio"/>	<input type="radio"/>
Been assaulted with a weapon (5)	<input type="radio"/>	<input type="radio"/>
Been forced to break the law by someone (6)	<input type="radio"/>	<input type="radio"/>
Been forced to do something sexual (7)	<input type="radio"/>	<input type="radio"/>
Been sexually assaulted or raped (8)	<input type="radio"/>	<input type="radio"/>

End of Block: EXPERIENCES

Start of Block: CRIMINAL JUSTICE INVOLVEMENT

CJ0 These next questions ask about your experiences with police and incarceration.

CJ4 In the past 6 months, have you been incarcerated?

☐ No (1)

☐ Yes (2)

Skip To: End of Block If In the past 6 months, have you been incarcerated? = No

CJX Have any of your incarcerations in the past 6 months been drug related?

- ☐ No (1)
- ☐ Yes (2)

End of Block: CRIMINAL JUSTICE INVOLVEMENT

Start of Block: COMMUNITY VIEWS OF SUBSTANCE USE

ST0 These next questions ask about how you think the community thinks about people who use various substances:

How much do you agree or disagree with the following statements when thinking about cocaine or methamphetamines?

ST1 Most people in my community believe that a person who uses these substances cannot be trusted.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Neither Agree nor Disagree (3)
- ☐ Disagree (4)
- ☐ Strongly Disagree (5)

ST2 Most people in my community believe that a person who uses these substances is dangerous.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST3 Most people in my community believe that a person who uses these substances is to blame for their own problems.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST4 Most people in my community believe that a person who uses these substances is lazy.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST0 How much do you agree or disagree with the following statements when thinking about opioids or heroin?

ST1 Most people in my community believe that a person who uses these substances cannot be trusted.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST2 Most people in my community believe that a person who uses these substances is dangerous.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST3 Most people in my community believe that a person who uses these substances is to blame for their own problems.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Neither Agree nor Disagree (3)
 - ☐ Disagree (4)
 - ☐ Strongly Disagree (5)
-

ST4 Most people in my community believe that a person who uses these substances is lazy.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Neither Agree nor Disagree (3)
- ☐ Disagree (4)
- ☐ Strongly Disagree (5)

End of Block: COMMUNITY VIEWS OF SUBSTANCE USE

Start of Block: LONG FORM DEMOGRAPHICS

DM0 These next questions are more about you:

DM5 Are you Hispanic or Latino?

- ☐ No (1)
 - ☐ Yes (2)
 - ☐ Refused to answer (3)
 - ☐ Don't know (4)
-

DM6 What is your race? (Select all that apply)

- ☐ White (1)
 - ☐ Black (2)
 - ☐ American Indian or Alaska Native (3)
 - ☐ Asian (4)
 - ☐ Native Hawaiian or Pacific Islander (5)
 - ☐ Some other race (6)
-

DM8 What is your current marital status?

- ☐ Married (1)
 - ☐ Living together or cohabiting (2)
 - ☐ Separated (3)
 - ☐ Divorced (4)
 - ☐ Widowed (5)
 - ☐ Never married (6)
-

DM9 What is the highest level of education you completed?

- ☐ Less than high school (1)
 - ☐ Completed high school or GED (2)
 - ☐ Some college (3)
 - ☐ Completed 2-year degree (4)
 - ☐ Completed 4-year degree (5)
 - ☐ Graduate or professional degree (6)
-

DM10 What best describes your current employment status? Are you:

- ☐ Employed full-time (1)
 - ☐ Employed part-time (2)
 - ☐ A homemaker (3)
 - ☐ A full-time student (4)
 - ☐ Retired (5)
 - ☐ Disability - temporary (6)
 - ☐ Disability - permanent (7)
 - ☐ Unemployed (8)
 - ☐ Other (please write in below) (9)
-

DM14 How often do you attend religious services?

- ☐ Never (1)
 - ☐ Less than once a year (2)
 - ☐ About once a year (3)
 - ☐ Several times a year (4)
 - ☐ About once a month (5)
 - ☐ Nearly every week (6)
 - ☐ Once a week (7)
 - ☐ Several times a week (8)
-

DM15 In general, how much do your religious or spiritual beliefs influence your daily life?

- ☐ Doesn't apply, not religious or spiritual (1)
 - ☐ Not at all (2)
 - ☐ A little (3)
 - ☐ Some (4)
 - ☐ Quite a bit (5)
 - ☐ Very much (6)
-

DM16 Are you a veteran of the U.S. Armed Forces, please include service with the National Guard?

- ☐ No (1)
 - ☐ Yes (2)
-

DM18 In the past 30 days, have you been homeless at any time? By homeless, I mean you were living on the street, in a shelter, in a car, or staying with friends while not paying rent.

- ☐ No (1)
 - ☐ Yes (2)
-

DM19 Are you currently homeless?

- ☐ No (1)
 - ☐ Yes (2)
-

DM23 Which of the following categories best describes your total household income in the last 12 months?

- ☐ Less than \$5,000 (1)
- ☐ \$5,001 to \$10,000 (2)
- ☐ \$10,001 to \$20,000 (3)
- ☐ \$20,001 to \$30,000 (4)
- ☐ \$30,001 to \$40,000 (5)
- ☐ \$40,001 to \$50,000 (6)
- ☐ \$50,001 to \$60,000 (7)
- ☐ \$60,001 to \$70,000 (8)
- ☐ \$70,001 to \$80,000 (9)
- ☐ \$80,001 to \$90,000 (10)
- ☐ \$90,001 to \$100,000 (11)
- ☐ More than \$100,000 (12)

DM25 What is your current ZIP code?

End of Block: LONG FORM DEMOGRAPHICS
