**Interview #**

Screener:

1. Interview number (*Location and number, for example, A1; B1, NH1)*
2. What is your age? *If under 18 a pop up box saying you do not meet the criteria and interview should not continue.*
3. When did you last use heroin or an opioid?
4. *If not in last 30 days provide a reason why this person is being interviewed.*
5. Do you live in the suburbs right now? Yes No
6. I*f no a message should pop up saying the respondent does not meet criteria and interview must explain why to continue*

**Demographics**

1. In how many states have you lived in your entire life?
2. What year were you born [write in year] *Qualtrics will not let you go forward if year does not match age.*
3. What is your sex? (choose one and note that gender is asked in a different question)

1 Male

2 Female

NOTE\_\_NO OTHER

1. What is your sexual orientation? (choose one)

1 gay/lesbian,

2 straight (not gay/lesbian),a

3 Bisexual

4 I don't know the answer,

5 something else

1. What is your gender?

[write in]

1 male

2 female

3 transgender

4 other

1. What is your race? (choose one-ethnicity is asked in a different question)

1 American Indian/Alaska Native

2 Asian

3 Native Hawaiian or Other Pacific Islander

4 Black or African American

5 White

6 More than one race (write in)

1. What is your ethnicity?

1 Hispanic or Latino

2 Not Hispanic or Latino

1. What is the highest year of education you completed? (choose one)

1 Less than high school 

2 High school diploma/GED

3 Some post high school education (if needed have a pop up definition: did not get any diploma or degree after High school)

4 Technical School diploma

5 Associate College degree

6 Four-year college degree

7 Advanced degree

1. Have you ever injected drugs?

1 Yes

0 No

1. Have you ever been diagnosed with HIV?

1 Yes

0 No

1. Have you ever been diagnosed with AIDS?

1 Yes

0 No

1. Have you ever been diagnosed with HepC?

1 Yes

0 No

1. In the past month how often did you use an **opioid prescriptio**n medication?

In the past month how often did you use **heroin**?

In the past month how often did you use **another opioid**?

1. If used another opioid write in what it was.
2. Do any of these drugs help you reduce use of opioids or heroin?

Do any of these drugs help you address withdrawal of opioids or heroin?

Do any of these drugs increase your use of opioids or heroin? [check all that apply]

Tobacco Yes 1 /no 0

Marijuana Yes 1 /no 0

Alcohol Yes 1 /no 0

Cocaine/crack Yes 1 /no 0

Meth Yes 1 /no 0

Other drug [write in] Yes 1 /no 0

*Yes 1 /no 0 responses for each, if it is blank it should mean not used.*

1. When did you first use an opioid prescription medication (either prescribed to you or not) or heroin?
2. How many friends do you have who are not opioid/heroin users?
3. How many of these can you trust?
4. How many friends do you have who are opioid/heroin users?
5. How many of these can you trust?

The following is the Extended version questions (added for Boston and New Haven, and 13 interviews in Atlanta)

1. Have you ever experienced overdose? Yes 1 /no 0

If yes, How often (ever)?

2 Have you ever been administered Naloxone? Yes 1 /no 0

If yes, How often ? (leave blank to fill in number)

3. In what setting was Naloxone administered?

ER/hospital Yes 1 /no 0

Other (fill in) Yes 1 /no 0

4. If yes, who administered the Naloxone?

EMT Yes 1 /no 0

Law enforcement Yes 1 /no 0

Family member Yes 1 /no 0

Non-using friend Yes 1 /no 0

Drug using friend Yes 1 /no 0

Other (fill in) Yes 1 /no 0

5. Have you ever administered Naloxone to someone else? Yes 1 /no 0

If yes, how often? (leave blank to fill in number)

6. Do you have access to Naloxone? Yes 1 /no 0

7. If yes, how did you get access to it?

Doctor Yes 1 /no 0

Pharmacy Yes 1 /no 0

Harm reduction facility Yes 1 /no 0

Family Yes 1 /no 0

Friend Yes 1 /no 0

Other (fill in) Yes 1 /no 0

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If yes, How often (ever)?

2 Have you ever been administered Naloxone? YES NO

If yes, How often ? (leave blank to fill in number)

3. In what setting was Naloxone administered?

ER/hospital

Other (fill in)

4. If yes, who administered the Naloxone?

EMT

Law enforcement

Family member

Non-using friend

Drug using friend

Other (fill in)

5. Have you ever administered Naloxone to someone else? YES NO

If yes, how often? (leave blank to fill in number)

6. Do you have access to Naloxone? YES NO

7. If yes, how did you get access to it?

Doctor

Pharmacy

Harm reduction facility

Family

Friend

Other (fill in)

*(Start the Yearly questions from the year before the earliest of the first use of an opioid or heroin.)*